DOCUMENT RESUME

ED 430 714 PS 027 666

TITLE	Status of Oregon's Children: 1998 County Data Book. Special Focus: Children's Health Care.
INSTITUTION	Children First for Oregon, Portland.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	1998-00-00
NOTE	60p.; For 1997 Data Book, see ED 421 235.
AVAILABLE FROM	Children First for Oregon, 921 SW Morrison, Suite 418, Portland, OR 97205; Tel: 800-544-0376 (Toll Free), Tel: 503-294-1456; e-mail: childrenfirst@inetarena.com
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adolescents; Birth Weight; *Child Health; Counties; Demography; Health Insurance; *Health Needs; Health Programs; Health Promotion; Health Services; Incidence; Mortality Rate; Poverty; Program Descriptions; *Social Indicators; State Surveys; Statistical Surveys; Tables (Data); Trend Analysis; *Well Being; Youth Problems
IDENTIFIERS	*Indicators; *Oregon

ABSTRACT

This Kids Count report examines statewide trends in the well-being of Oregon's children, focusing on children's health care. The statistical portrait is based on indicators of well-being including: (1) children's insurance coverage; (2) health care access; (3) health outcomes, including immunization rates and early prenatal care; (4) juvenile arrests; (5) teen pregnancy rates; (6) suicide attempts; (7) high school dropout rate; (8) eighth grade reading and mathematics proficiency; (9) child abuse and neglect rate; (10) low birth weight infants; and (11) child care supply. The bulk of the document is comprised of key statewide and county findings on child health care, and general county indicators of well-being. The report also describes state programs designed to expand child health care. Findings indicate that although Oregon has reduced the percentage of children without health insurance since 1990, nearly 10 percent were uninsured in 1998, an increase from 1996. Nearly 25 percent of uninsured children were eligible for insurance through a parent's employer, but parents could not afford the employee's share of the health plan. The availability of health care providers varies greatly across the state, with many families facing additional barriers to health care access, such as lack of transportation. In 1997, 73 percent of 2-year-olds were current for basic immunizations. About 80 percent of infants were born to mothers who had received early prenatal care. In the 1990s, the leading causes of child death were motor vehicle accidents, suicide, cancer, and homicide. Data notes and sources complete the report. (KB)

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1998 Children's health care COUNTY DATA BOOK

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Design by Jeff Smith and Stephanie Lentz of Jeffrey Smith Marketing Communications, Inc.

Photographs provided by Straight Shooting, a youth photo project of the Oregon Commission on Children and Families. Youth photographers: Jesse Brayer, Melissa Galvan, Rogelio Cortes, Kirsten Sposato, Gavon Barr, Jose Reyna, Rosa Torres, Krista Herrera.

STATUS OF OREGON'S CHILDREN 1998 COUNTY DATA BOOK

Special focus : Children's health care

This report is made possible through a generous KIDS COUNT grant from the Annie E. Casey Foundation.

Tonia Hunt
Senior Public Policy Associate

Published by Children First for Oregon in collaboration with the Office for Oregon Health Plan Policy and Research, Oregon Commission on Children and Families and Oregon Department of Human Resources.

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ACKNOWLEDGMENTS

Our appreciation to the following for their assistance:

Center for Population Research and Census, Portland State University
Child Care Division, Oregon Employment Department
Office for Oregon Health Plan Policy and Research
Office of Medical Assistance Programs
Oregon Department of Education
Oregon Department of Human Resources
Oregon Health Division
State Office for Services to Children and Families
Uniform Crime Reporting Program, Department of State Police

Special Thanks to the Oregon KIDS COUNT Technical Advisory Team:

Mark Eddy, Ph.D., *Oregon Social Learning Center*
Dan Harris, Ph.D., *Oregon Health Resources Commission*
Carol Metzler, Ph.D., *Oregon Research Institute*
Jennifer Woodward, Ph.D., *Oregon Health Division*

Healthy children can be defined in many ways. Children First for Oregon believes that the good health of every child in Oregon requires attention to their physical and emotional health, safety from harm, family well-being, and educational attainment. The 1998 County Data Book considers these aspects of children's health with particular focus on the physical health care available to children in Oregon.

Oregon has had success in lowering the percentage of children without health insurance over the last eight years, but lack of insurance remains a significant barrier to health care for many children. Those children with health insurance, either public or private, can face additional barriers in receiving health care services. These factors may include lack of available health care providers, language and cultural barriers, and economic hardship.

Lack of accessible and affordable health care for children directly impacts the health and well-being of children in Oregon. A low immunization rate among toddlers, the number of women who do not receive early prenatal care, and the teen pregnancy rate among our youth all point to areas of concern for health care provision in Oregon.

There has also been important progress made in children's health care in Oregon, including exciting model programs that are making great strides for children. Just a few of these exceptional and creative solutions are highlighted in this Data Book under the heading "SOLUTIONS THAT WORK."

The 1998 County Data Book reports on the overall health and well-being of children for every county in Oregon. Data related to Teens, Schools, Childhood Safety, and Early Childhood are presented for each county to enable a closer look at how children are faring across the state.

While the data reported in this publication are a reflection of where Oregon has been, they can also be an important look at where we need to go. Children First for Oregon hopes that this book will inform decision makers, service providers, and every citizen of Oregon regarding children's health, health care, and overall well-being in our state.

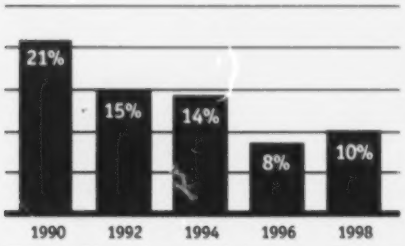
INSURANCE COVERAGE

Since 1990, Oregon has significantly reduced the percentage of children without health insurance. Unfortunately, the most recent data available show that Oregon is starting to lose some ground in insuring children. **Nearly 10% of children under 18 were uninsured in 1998** (9.6%), an increase from 8.4% in 1996.

The overall reduction in children without health insurance since 1990 has partially been due to the increased coverage of low-income children through Oregon's expanded Medicaid program. The economic and job growth in Oregon during the 1990's has also made private health insurance more accessible for Oregon's working families.

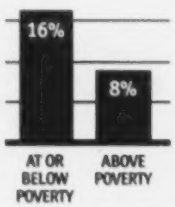
Certain demographic groups of children in Oregon are more likely to be uninsured than others. According to the 1998 Oregon Population Survey, Spanish, Hispanic and Latino children were nearly twice as likely to be uninsured in 1998 than other children (15% compared to 9%). White children under 18 years of age had an uninsurance rate of 9% while 13% of African-American children were estimated to be uninsured and 15% of Native American children were estimated to be uninsured.

UNINSURED CHILDREN IN OREGON



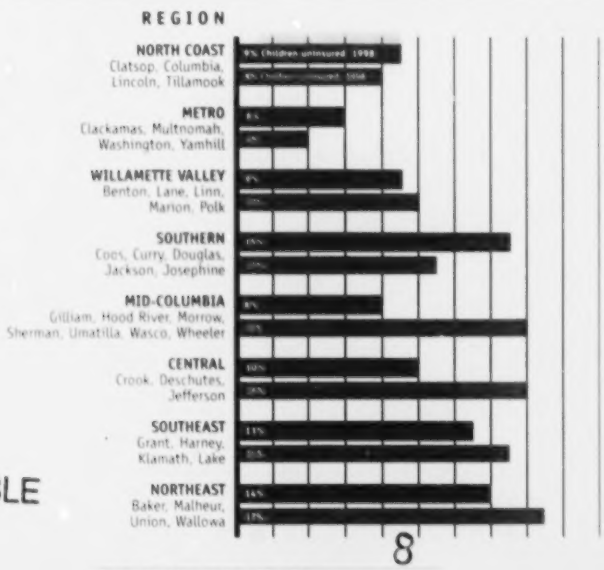
Source: Oregon Population Survey

PERCENTAGE OF CHILDREN UNINSURED BY POVERTY LEVEL



Source: 1998 Oregon Population Survey

UNINSURED CHILDREN IN OREGON BY REGION



Source: 1998 Oregon Population Survey

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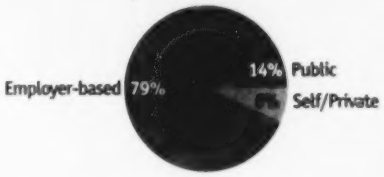
Oregon's poorest children are almost twice as likely to be uninsured as other children.

Children in families with incomes below the Federal Poverty Level had an uninsurance rate of 16% compared to 8% for children in families with higher incomes. This high rate of uninsured children in low-income families is particularly troubling because nearly all of these children should already qualify for public health insurance.

CHILDREN'S HEALTH INSURANCE COVERAGE BY TYPE



The insurance status of children estimated from the 1998 Oregon Population Survey also varies by region of the state. Children in the Southern region have the highest rate of uninsurance at 15%. The Northeast region of the state is nearly as high with 14% of children uninsured. Children in the Metro region of the state have the lowest rate of uninsurance: 6%.

Private Health Insurance Coverage

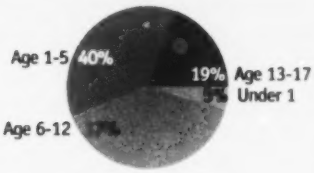
In 1998, nearly 80% of children with health insurance in Oregon had primary health insurance through a parent or guardian's employer. Another 6% of children were covered through other private insurance options. Nearly 14% of children were covered by some form of public health insurance. Very little comprehensive data exist regarding the demographics and coverage quality for children with private health insurance.

Publicly Funded Health Insurance Options

Oregon Health Plan

Several programs funded by the state and federal government have made health insurance more available for children in Oregon. The Oregon Health Plan (OHP), established in 1989, is Oregon's innovative Medicaid program for low-income children and adults. Children in families with incomes up to 100% of the Federal Poverty Level (FPL), or $13,656 annually for a family of three, are income-eligible for Medicaid. Individuals or families can have no more than $5,000 in liquid assets in order to be eligible (the asset test does not apply to children under 6 and pregnant women). In addition, children up to age 6 and pregnant women are provided coverage in the Oregon Health Plan if their family income is no more than 133% FPL ($18,156 annually for a family of three).

CHILDREN SERVED BY OHP MEDICAID BY AGE



Over 202,000 children were served by OHP Medicaid managed care plans during 1997.

This number is estimated to represent 90% of all children served by OHP Medicaid. Many of these children were only enrolled for a short time during the year while others maintained enrollment throughout the year. Of children enrolled in OHP-Medicaid managed care plans, 5% were under the age of one, 40% were ages one to five, 37% were ages six to twelve, and only 19% were ages thirteen to seventeen. White children made up the largest portion of children on OHP Medicaid, 74%, while Hispanic children were the second largest portion at 15%.

Children's Health Insurance Program

New federal funds in 1998 have allowed Oregon to expand children's health care coverage

through the Children's Health Insurance Program (CHIP). Children under age 19 whose families are presently above the income-eligibility guidelines for Medicaid and with incomes of no more than 170% FPL ($23,208 annually for a family of three) are income-eligible for CHIP. Children must also be uninsured for at least six months before enrollment and families may have no more than $5,000 in liquid assets. Since its implementation in Oregon in July 1998, CHIP has provided the same coverage and services for children as the Oregon Health Plan.

As of December 1, 1998, over 9,000 Oregon children had enrolled in CHIP. Two-thirds of their families had at least one family member on Medicaid during the previous 10 months while the remaining third were not associated with Medicaid during 1998. Nearly a tenth of the children who have enrolled in CHIP would have lost OHP eligibility when they reached the age of six, but instead transitioned to CHIP from Medicaid for continued coverage.

Project Baby Check

Project Baby Check has been one of the key safety net services for at-risk families in Josephine County for the last 11 years. The program serves the highest risk families with infants or toddlers through the age of five with screening, monitoring, referrals and intervention when needed. A program of the Siskiyou Community Health Center, these services are primarily funded by the Josephine County Commission on Children and Families and Children's Trust Fund of Oregon.

Project Baby Check focuses on families who live below the poverty level, have violence or substance abuse in the home, or those with histories of criminality. Outreach workers make home visits to participating families checking children for appropriate development and growth, following up on immunizations needed, providing medical referrals and nutritional counseling, and observing the home environment for signs of risk. Assessment visits are supplemented by home visits to address specific issues such as anger management, parent support, and referrals t appropriate agencies.

An important health component of the visitation program involves linking families to needed medical services in the community. Coordination of medical care and social services by a medical advisor increases the likelihood that children will receive the immunizations and regular checkups they need. Transportation and other support services are

Unlike GHP Medicaid, the number of children who can be served through CHIP is limited by the amount of matching funds designated by the State of Oregon. Currently, state funding is allocated to cover 17,000 low-income children, while nearly 25,000 children are estimated to be income-eligible for the current program and uninsured. Additional federal dollars are available to Oregon at a roughly three-to-one match if Oregon allocates additional state dollars to the CHIP program. These increased state and federal funds would allow more of the currently eligible children to be covered by CHIP, and potentially increase eligibility for children up to 200% FPL, making an estimated 8,000 additional uninsured children eligible for health insurance.

Family Health Insurance Assistance Program

The State of Oregon also implemented a new health insurance subsidy program for individuals and families in 1998. The Family Health Insurance Assistance Program (FHIAP) provides subsidies for low-income families to purchase private health insurance. This subsidy by the state may assist an individual or family to pay the employee's share of an employer-based health insurance program or allow individuals or families to purchase private health insurance without bearing the full cost. Since July 1998, FHIAP has provided subsidies to enroll nearly 850 children out of almost 2,300 individuals served by FHIAP. FHIAP briefly closed intake at the end of 1998 and has established a waiting list. FHIAP, which controls intake according to its budget, is scheduled to open intake at the beginning of 1999 and will remain open until the targeted goal of 6,500 to 7,500 enrollments is reached.

available to ensure every child in the program has the opportunity to receive appropriate and comprehensive medical care.

Seventy families currently participate in the program. In this program year eighty percent of children were up to date on well child checkups and eighty-seven percent were up to date on immunizations. Eighty percent of children showed improvement in meeting developmental expectations as well.

Eligibility Does Not Equal Coverage

A large portion of children uninsured in 1998 were eligible for public or private health insurance coverage but remained uninsured.

Nearly a quarter of uninsured children were eligible for insurance through at least one parent's employer. However, many low-income working parents simply cannot afford the employee's share of the health coverage plan.

Many children who are income-eligible for the Oregon Health Plan were also uninsured in 1998. Twenty-five percent of uninsured children live in families with incomes at or below the Federal Poverty Level making them income eligible for the Oregon Health Plan. Children First for Oregon estimates that only 37% of uninsured children who are income-eligible for the state's new CHIP program are actually enrolled. The percentage of estimated eligible children enrolled in CHIP varies by county.

There are many reasons why children who are income-eligible would not be enrolled in the Oregon Health Plan. Some families with low incomes may have too many assets to be eligible. The requirement that eligibility be redetermined every six months can create a paper work barrier that many parents are not able to overcome. Children who are income-eligible for CHIP must also be uninsured for at least six months before enrolling in the program, creating another barrier to coverage. Targeted, culturally-relevant outreach to low-income families is also a critical component of enrolling new families in the Oregon Health Plan. If families are not aware of the health insurance for which they are eligible, they cannot access the coverage their children need.

Lincoln County School-Based Health Centers

The expansion of school-based health centers in Lincoln County over the last several years is an indication of the strong support from local and state government, schools, private funding sources, and the broader community. Two high schools in the Lincoln School District, Taft and Toledo, have hosted school-based health centers for twelve and nine years respectively. The success of these programs led the community to look for ways to expand this success to other schools in the county.

Through community coordination and some seed funding from the Oregon Department of Human Resources, a planning process began to identify how other school-based health centers could be initiated. With a strong commitment from Newport High School and a local planning process, funding was secured from the Pacific Communities Hospital District, and Pacific Communities Hospital Foundation as well as the Lincoln County Department of Health and Human Services and the local Commission on Children and Families.

The Newport High School health center opened in September of 1998 and currently serves 15-30 students per day. A nurse practitioner is on hand to offer health screenings and preventive care. A counselor with a specialty in drug and alcohol dependency is also available on-site. A local pediatrician offers two days a month of free services to

All Health Insurance is not Created Equal

Children who are reported to have health insurance coverage do not necessarily have adequate or comprehensive health care plans. Private or employer-based health insurance can include a variety of coverage packages, some only covering catastrophic care, others with exceptionally high co-payments or deductibles required. Children and families faced with these barriers to accessing health care are in a unique category often referred to as the "under-insured".

There are little or no data available in Oregon regarding under-insured children, yet it remains a significant barrier to health care for many working families. Under-insured children may not be able to see a health care professional when they are sick or for routine checkups and immunizations. Often these children may only access health care through sliding fee scale clinics or emergency rooms.

ACCESS TO HEALTH CARE

Whether or not they have insurance, children are not guaranteed access to health care. A variety of factors influence whether children can see a health care professional when needed. Some of these factors include the number and distribution of health care professionals in the state, the availability of low cost health care options for children and families, and a variety of cultural barriers that may decrease the likelihood of children receiving the health care they need.

Distribution of Physicians and Dentists

Across the state, the distribution and availability of health care providers varies greatly. More populated counties across the state tend to have a higher ratio of primary care providers to the general population. This ratio ranges from one primary care provider for each 594 residents in Multnomah County to no primary care providers in Gilliam, Lake, Sherman, and Wheeler counties.

the clinic to see students and coordinate care with the nurse practitioner.

Another community planning process identified a need for a school-based health center in the south Lincoln County area. The Lincoln School District with strong support from the community received funding from the Northwest Health Foundation to begin a school-based health center at the Waldport Middle School to open in January of 1999. The clinic will serve children and youth age birth through age 21 in the community. The goal of the clinic is to provide seamless access to care, including medical, dental and mental health care, in the community.

The distribution of dentists follows much the same pattern in the state. Multnomah County has the highest rate of dentists, with one dentist for each 1,181 residents. Counties with no dentists include Gilliam, Sherman, and Wheeler.

The federal government reviews state applications and designates approved areas of the state as "Health Professional Shortage Areas" based on where critical need exists for increased access to primary health care providers. In addition, a population group in an area with particular barriers to accessing health care can be designated. Thirty-five of these designations exist because therer is a critical need for increased primary health care access for the area's entire population. Sixteen areas are designated as Health Professional Shortage Areas for populations with critical need for access to primary health care providers (i.e. migrant farm workers, individuals with low-incomes or without medical insurance).

Barriers to Accessing Health Care

Many families and children face additional barriers to accessing health care beyond the availability of health insurance and health care professionals. These barriers may determine whether a child is seen for regular checkups, immunizations, or minor illnesses when needed.

Some populations in Oregon faced with exceptional barriers to accessing health care include those families not fluent in English, migrant farm worker families, homeless families and youth, and those lacking transportation. Each of these populations is represented throughout Oregon. While efforts are being made in individual communities to address the needs of these children and families, more sustained and comprehensive solutions are needed to ensure children with these special needs can see a doctor or dentist when needed.

Street Teams

Street Teams is an aggressive project to increase enrollment in the Children's Health Insurance Program and the Oregon Health Plan among low-income Hispanic children and families in the Medford area. An outreach project of La Clinica del Valle and Oregon Primary Care Association, Street Teams uses local media and grass roots efforts to spread the word about the availability of these insurance programs and to enroll eligible families.

Jackson County is primarily a rural county with an estimated 12-15% Hispanic population. Approximately 14% of all children are uninsured and over three quarters of Hispanic families live below the Federal Poverty Level. The project is the result of a grant from the Bureau of Primary Health Care. Street Teams targets the multiple barriers that Hispanic children and pregnant women face in accessing health care and health insurance assistance.

This model project has two important phases of outreach in the Hispanic community. Phase one has incorporated free press and paid media to educate families of the health insurance options available to them (i.e. culturally

Clinics Fill Some Gaps

Both public and private clinics can partially fill some gaps created by many of the barriers to accessing health care. County health department clinics are present in nearly every county of the state and serve many low-income children and families. Over 50 county health clinic sites are present in Oregon. Most counties have only one public health clinic site, but a few have dispersed resources to reach more areas of the county.

Homeless and migrant clinics and rural health clinics also help fill critical gaps in health care services in Oregon. Currently there are 14 homeless and migrant clinics in 13 counties of the state. There are also a total of 23 rural health clinics in 13 counties of Oregon. These clinics serve families and children who would most likely not otherwise have access to services.

School-based health centers are another effective means of providing comprehensive health care services to children. Forty school-based health centers are providing services to children and youth during the 1998-99 school year. Located in elementary, middle, and high school settings, school-based health centers offer youth improved access to primary health care for acute and chronic illness, age-appropriate reproductive health services, mental health services, preventive health, education, and referral. Provisional data from the 1997-98 school year show over 16,500 children in the state were seen at school-based health centers representing over 68,000 health care visits.

targeted brochures, posters, and Hispanic radio). Phase two of the project will mobilize volunteer "Street Teams" of Hispanic leaders, family decision makers, and community volunteers to spread the word about available health insurance through one on one communication. The goal of the Street Teams will be to educate families and individuals and to direct these families and individuals to La Clinica del Valle for assistance in completing an application.

Although the project is only in the beginning stages, Street Teams has already led to an increase in completed OHP and CHIP applications at La Clinica del Valle. With an estimated 22,400 children uninsured in the county, La Clinica del Valle and project Street Teams can make a significant difference in access to health insurance and health care for children and families in Jackson County.

HEALTH OUTCOMES

County level data regarding the health status of children in Oregon are limited. Children First for Oregon presents immunization status and data on vaccine-preventable diseases, prenatal care, and child deaths on each county fact sheet in this Data Book. Children First also reports on the low birthweight, infant mortality, teen pregnancy, and teen suicide attempt rates as a portion of our regular reporting on child well-being in Oregon's counties.

Immunizations and Vaccine-Preventable Diseases

In 1994, 67% of two-year-olds were estimated to be current for basic immunizations (diphtheria; tetanus and pertussis; oral polio; and measles, mumps, and rubella vaccinations). In 1997, 73% of two-year-olds were estimated to be current for basic immunizations. Over half of parents of under-immunized children believed their children were up to date on immunizations. Many parents reported that cost was a significant barrier to immunizing children.

The 1994 *Two-year-old Immunizations Survey* conducted by the Oregon Health Division is the most current regional data available regarding immunization rates for children. Immunization rates across the state range from 71% in Clackamas and Washington counties to only 63% in Coos, Curry, Douglas, Jackson, Josephine, Klamath, and Lane counties.

Vaccine-preventable diseases among children are the result of children being under-immunized. Over 4,600 vaccine-preventable diseases were reported among children ages 0-17 in Oregon between 1987 and 1997. These diseases include Hepatitis A and B, Measles, Pertussis, Rubella, Tetanus, and Influenza.

Prenatal Care

In 1997, 81% of babies in Oregon were born to mothers who had received early prenatal care that began in the first trimester. Since 1990, this rate has improved by 7%. Prenatal care is an important health access and health outcome indicator for women and newborns in Oregon. Prenatal care can identify significant risks to newborns and mothers and be an important source of education and preventive care. Unfortunately, only 62% of babies born to mothers ages 10-17 received prenatal care beginning in the first trimester.

Polk, Tillamook, and Washington counties had exceptionally high rates of prenatal care for all mothers in the county, with an average of 87% of new mothers having received early prenatal care. Other counties had high rates of prenatal care among teen mothers, including Douglas and Hood River counties.

Child Deaths

During the period 1990-1996, 1,776 children ages 1-17 died in Oregon. The leading causes of death for children in the state during these 7 years were motor vehicle crash (462 deaths), suicide (165 deaths), cancer (158 deaths), and homicide (129 deaths). Of all deaths among children ages 1-17 during these seven years, 210 were caused by gunshot wounds (both intentional and unintentional).

Juvenile Arrests

The 1997 provisional juvenile arrest rate in Oregon was 58.4 arrests per 1,000 children ages 0-17. The 1997 data do not include Oregon State Police arrests which in 1996 accounted for 1.6% of all juvenile arrests. The 1997 rate is the first since prior to 1990 that the juvenile arrest rate has declined. Although still provisional data, this decline is expected to be verified when final data is available.

Counties with the **lowest juvenile arrest rates** (rate listed parenthetically): Wheeler (0), Harney (9.6), Sherman (24.4), Grant (27.0), Gilliam (29.9), Klamath (32.0).

Counties with the **highest juvenile arrest rates**: Baker (106.9), Douglas (99.0), Jackson (95.9), Linn (95.8), Wasco (91.3), Lake (86.3), Tillamook (85.9).

Teen Pregnancy

The 1997 provisional teen pregnancy rate for 10-17 year-olds in Oregon was 17.9 per 1,000, representing a 5% decline since 1996. This is the second consecutive year that the teen pregnancy rate declined for this age group. Over 3,100 Oregon girls ages 10-17 were pregnant in 1997.

Counties with the **lowest teen pregnancy rates** (rate listed parenthetically): Harney (6.8), Benton (7.9), Baker (10.1), Wallowa (10.5), Union (10.6), Josephine (13), Clackamas (14.1).

Counties with the **highest teen pregnancy rates**: Marion (26.6), Lake (23), Morrow (21.9), Multnomah (21.7), Jefferson (21.4), Lincoln (21.3), Wasco (19.7).

Three counties' teen pregnancy rates are not reported due to the low number of incidents and a small population of 10-17 year old females. These counties are Gilliam, Sherman, and Wheeler.

Suicide Attempts

The 1997 provisional teen suicide attempt rate for Oregon is 201 attempts per 100,000 youth ages 10-17. This rate is 8% better than the 1996 rate. These numbers only include those suicide attempts leading to medical treatment or death. Many attempts are not recorded due to this reporting method.

Counties with the **lowest suicide attempt rates** (attempts per 100,000 listed parenthetically): Crook (0), Gilliam (0), Harney (0), Wheeler (0), Curry (47.3), Malheur (53.6), Wasco (74.3).

Counties with the **highest suicide attempt rates**: Grant (499.5), Lake (442.5), Douglas (396.1), Klamath (333.9), Marion (332.3), Yamhill (298.2), Clatsop (296.1).

SCHOOL

High School Dropout

The state high school dropout rate is 6.7%. This dropout rate represents those students who left school during the 1996/97 school year and did not earn a General Equivalency Diploma (GED) or re-enroll in the 1997/98 school year. Previous years' measures of the high school dropout rate counted students who completed a GED as dropouts. This change in methodology makes it non-meaningful to compare previous years to the current year's rate.

Counties with the **lowest high school dropout rates** (rate listed parenthetically): Wallowa (1.1%), Hood River (1.7%), Grant (2.1%), Wheeler (2.7%), Lake (2.8%), Baker (2.9%), Gilliam (3.1%).

Counties with the **highest high school dropout rates**: Lincoln (9.8%), Marion (9.2%), Wasco (8.9%), Multnomah (8.6%), Jefferson (8.1%), Malheur (7.7%), Jackson (7.3%).

8th Grade Reading Proficiency

Fifty-five percent of eighth grade students met or exceeded state reading standards in the 1997/98 school year. This is the same rate of student proficiency in reading reported in 1996/97.

Counties with the **highest rates of reading proficiency** (rate listed parenthetically): Grant (69%), Benton (68%), Wheeler (68%), Harney (64%), Sherman (64%), Baker (63%), Clatsop (63%).

Counties with the **lowest rates of reading proficiency**: Jefferson (26%) Morrow (32%), Malheur (47%), Marion (47%), Tillamook (47%), Umatilla (48%).

8th Grade Math Proficiency

Fifty-one percent of eighth grade students met or exceeded state standards in math in the 1997/98 school year. This rate represents a 3% improvement from the previous year's math proficiency scores.

Counties with the **highest rates of math proficiency** (rate listed parenthetically): Wallowa (64%), Harney (63%), Baker (62%), Benton (62%), Grant (60%), Clackamas (58%).

Counties with the **lowest rates of math proficiency**: Jefferson (27%), Wheeler (32%), Morrow (35%), Gilliam (36%), Malheur (38%), Columbia (40%), Klamath (40%).

Child Abuse and Neglect

The child abuse and neglect victim rate for Oregon in 1997 was 11.8 per 1,000 children under age 18. This is the highest rate since prior to 1990 and is 16% worse than the previous year's rate. The abuse and neglect rate represents only those children who are investigated and confirmed to be victims of abuse or neglect.

Counties with the **lowest rates of child abuse and neglect victims** (rate listed parenthetically): Wheeler (5.7), Washington (5.8), Columbia (6.6), Jefferson (8.3), Deschutes (9.2), Lane (10.1), Linn (10.1), Wallowa (10.1).

Counties with the **highest rates of child abuse and neglect victims**: Morrow (34.9), Sherman/Wasco (34.1) Lincoln (28.9), Baker (28.6), Gilliam (25.6), Lake (25.6).

Crimes Against Persons

The 1997 provisional state rate of crimes against persons (i.e. murder, rape, assault) was 14.7 offenses per 1,000 Oregonians. The 1997 provisional data do not include Oregon State Police data. In 1996, Oregon State Police data accounted for 3% of all reported Crimes Against Persons.

Counties with the **lowest rates of crimes against persons** (rate listed parenthetically): Lake (3.6), Gilliam (6.2), Wallowa (6.2), Grant (7.5), Columbia (8.3), Union (8.3), Sherman (8.4).

Counties with the **highest rates of crimes against persons**: Multnomah (24.7), Baker (22.9), Jefferson (19.2), Morrow (18.3), Linn (16.1), Wasco (15.4), Marion (15.3).

Child Deaths

The Oregon rate of child deaths in 1997 was 22.6 per 100,000 children ages 1-14. One hundred and forty-five children ages 1-14 died in Oregon during 1997. The 1997 rate of child deaths is 19% less than the 1996 rate. Counties may have a small number of child deaths which can cause rates to vary considerably from year to year.

The following counties reported **no deaths of children** ages 1-14: Baker, Benton, Crook, Curry, Gilliam, Grant, Harney, Josephine, Lake, Morrow, Polk, Sherman, Wallowa, Wasco, and Wheeler.

Counties with the **highest rates of child deaths** (rate listed parenthetically): Jefferson (94.9), Lincoln (53.1), Tillamook (48.1), Hood River (47.9), Douglas (43.3), Clatsop (30.7).

EARLY CHILDHOOD

Low Birthweight

Oregon's 1997 provisional rate of low birthweight babies was 55 infants born weighing less than 2,500 grams per 1,000 live births. This rate is 3% worse than the 1996 rate. Over the last eight years there has been little change in the rate of low birthweight babies in Oregon.

Counties with the **lowest rates of low birthweight babies** (rate listed parenthetically): Wheeler (0), Wallowa (15.9), Columbia (25.6), Lincoln (35.6), Hood River (40), Lake (40.5).

Counties with the **highest rates of low birthweight babies**: Harney (83.3), Crook (76.2), Clatsop (69.7), Douglas (62), Tillamook (61.5), Morrow (61.2), Multnomah (60.5).

Infant Mortality

Oregon's infant mortality rate was 5.6 per 1,000 live births in 1997. While there was no change in the infant mortality rate since the previous year, this rate remains the lowest since prior to 1990.

The following counties had **no reported infant deaths** in 1997: Curry, Gilliam, Lake, Sherman, Tillamook, Wallowa, Wheeler.

Counties with the **highest infant mortality rates** (rate listed parenthetically): Grant (10.5), Union (10), Klamath (9.9), Yamhill (9.2), Douglas (8.9), Malheur (8.4), Marion (7.9).

Child Care Supply

Nearly 20 (19.7) child care slots were reportedly available in Oregon in 1997 for every 100 children under the age of 13. This rate is 2% worse than the 1996 rate. Child care supply is estimated by the Child Care Resource and Referral (CCR&R) network (since seven counties in Oregon do not have CCR&R, county rates for these counties are not available).

Counties with the **highest rates of child care supply** (rate listed parenthetically): Tillamook (34.8), Klamath (27.9), Hood River (27.5), Benton (25.8), Lane (25.4), Clatsop (24.3).

Counties with the **lowest rates of child care supply**: Jefferson (11.1), Grant (11.6), Morrow (13.1), Crook (13.3), Josephine (13.3), Yamhill (14.3).

Assessing the Data

Assessing the data is the first step to making improvements in the quality of life for children and families in Oregon. It is important to assess a county's data-based progress to determine if results are moving in the right direction. If results are moving in the wrong direction, the key is to investigate why. The fact sheet is designed to be a starting point for such assessment and investigation. It should be used to initiate a dialogue with interested stakeholders about how to improve the quality of life for children in the county.

Beware of Small Numbers

Counties vary significantly in population, size, and geography and this variance should be considered when interpreting the differences among counties. Be aware that small counties may have a small number of events (i.e., child deaths, suicide attempts) which can cause rates to vary considerably from year to year; such variations may not reflect significant changes in the indicators. For this reason, percentage changes in the rates are not reported for counties with less than 45,000 people.

Understand What is Being Measured

Several types of data are available for each indicator, and it is important to distinguish among them. The number, rate, percentage change between years, the five year average, and the county rate compared to Oregon are all very different measures. A relevant column heading explains the information presented in the county indicator box. To get a better understanding of how the indicators themselves are defined, refer to Definitions and Sources.

Remember the Limits and Uses of Data

While these data provide important base-line information, they must be understood in a broader context. A data snapshot provides one way to look at how children are doing in the county. There are many other important perspectives to include and consider in piecing together an accurate composite. Some other sources of critical viewpoints include: human service agencies, government, schools, parents, and youth themselves.

Let the Data User Beware

For many of these indicators, there are no perfect methods to measure data outcomes. For example, it is very difficult to get a perfect count on the number of teens who actually attempted suicide in a given year. Moreover, counties have varying reliability in their record keeping systems or resources committed to counting these occurrences.

Children First for Oregon relies on the data that are available from different state agencies. Many of these measures are in need of improvement. However, interpreted carefully, data presented here can be very useful tools for developing a meaningful assessment of child well-being.

DATA NOTES

COUNTY INDICATORS KEY

NUMBER 96/97
Number of incidents for the most recent year of data, 1996 or 1997.

RATE 96/97
County rate for the most recent year of data, 1996 or 1997.

RATE CHANGE SINCE 95/96
Percentage change between rate in previous year and most recent year of data. Percentage change is not reported for counties with less than 45,000 people due to the large effect on the rate change of a small number of events.

PREVIOUS 5-YEAR AVERAGE RATE
Average of the previous five years of data, not including most recent year of data.

96/97 RATE COMPARED TO OREGON
Comparison of county rate for 1996 or 1997 with Oregon rate for the same year.

NA Data not available.

DATA SOURCES

EARLY PRENATAL CARE Percentage of babies whose mothers received early prenatal care as defined by care having begun in the first trimester of pregnancy (1997 - Provisional Data).
Source: Center for Health Statistics, Oregon Health Division

CAUSE OF DEATH Number of child deaths ages 1-17 by cause (1990-1996). Top two or three causes of death reported.
Source: Center for Health Statistics, Oregon Health Division

CHILD ABUSE & NEGLECT VICTIMS Number of confirmed child victims of abuse or neglect per 1,000 children under 18 years old (1997). Data for Wasco and Sherman counties are combined.
Source: State Office for Services to Children and Families

CHILD CARE SUPPLY Number of identified child care slots available for every 100 children under 13 years old (1997). Since 1995, data are no longer available in counties where there are no state-funded child care resource and referral agencies. Five-year average not available due to change in methodology over five-year period.
Source: Child Care Division of the Oregon Employment Department

CHILD DEATHS Number of child deaths (ages 1-14) per 100,000 children (1997 - Provisional Data).
Source: Center for Health Statistics, Oregon Health Division

CHILDREN'S HEALTH INSURANCE PROGRAM ENROLLEES Number of children enrolled in CHIP as of 12/1/98.
Source: Office of Medical Assistance Programs

COUNTY HEALTH CLINICS Number of county health clinic sites in each county.
Source: Office of Community Services, Oregon Health Division

CRIMES AGAINST PERSONS *Number of crimes against persons (negligent homicide, forcible rape, other sex crimes, kidnapping, robbery, aggravated assault, simple assault) reported per 1,000 Oregonians (1997 - Provisional Data). Oregon State Police reports are not included in the 1997 provisional data.*
Source: Uniform Crime Reporting Program of the Department of State Police

DENTISTS Number of providers licensed in each county by the Oregon Board of Dentistry (1997).
Source: Office of Community Services of the Oregon Health Division

HIGH SCHOOL DROPOUT Percentage of students who dropped out of high school during the school year and did not complete a General Equivalency Diploma (1996-97). Comparisons to previous year of data and previous 5-year average not available due to change in methodology.
Source: Oregon Department of Education

IMMUNIZATIONS Percentage of two-year-olds on schedule for basic immunizations (including diphtheria; tetanus and pertussis; oral polio; and measles, mumps and rubella vaccinations). The 1994 regional and state data provided by the *1994 2-Year-Old Immunizations Survey*.
Source: Immunization Program, Oregon Health Division

INFANT MORTALITY Number of infant deaths under one year of age per 1,000 live births (1997 - Provisional).
Source: Center for Health Statistics, Oregon Health Division

JUVENILE ARRESTS Juvenile arrests per 1,000 Oregonians under age 18. This indicator does not measure offenses by juveniles, only crimes for which juveniles were arrested. It includes all types of crimes, including those against persons, property, and behavioral crimes (1997 - Provisional Data). Oregon State Police arrests are not included in the 1997 provisional data.
Source: Uniform Crime Reporting Program of the Department of State Police

LOW BIRTHWEIGHT INFANTS Low birthweight infants born weighing less than 2,500 grams per 1,000 live births (1997 - Provisional Data).
Source: Center for Health Statistics, Oregon Health Division

OHP - MEDICAID ENROLLEES Number of children enrolled in Oregon Health Plan - Medicaid at any time during 1997. Includes only children enrolled in managed care plans of OHP.
Source: Office of Medical Assistance Programs

POPULATION ESTIMATES Population estimates for Oregon and its counties by age (July 1, 1997).
Source: Center for Population Research and Census, Portland State University.

DATA SOURCES

PRIMARY CARE PROVIDERS Number of primary care providers licensed, omitting specialists, by the Board of Medical Examiners. Includes physicians in Internal Medicine, Family Practice, Pediatricians, General Practitioners, Obstetricians/Gynecologists, Obstetricians, and Gynecologists (1997).
Source: Office of Community Services, Oregon Health Division

SCHOOL-BASED HEALTH CENTERS Number of school-based health centers (1998).
Source: Center for Child and Adolescent Health, Oregon Health Division

SUICIDE ATTEMPTS Number of suicide attempts resulting in hospitalization or death per 100,000 children ages 10-17 (1997 - Provisional Data).
Source: Center for Health Statistics, Oregon Health Division

TEEN PREGNANCY The sum of live births and induced abortions among Oregon resident females ages 10-17 per 1,000 females ages 10-17 (1997 - Provisional Data).
Source: Center for Health Statistics, Oregon Health Division

UNINSURANCE RATE Estimated percentage of children currently without health insurance.
Source: Oregon Population Survey, 1998

VACCINE-PREVENTABLE DISEASES Vaccine-preventable diseases among children under 18 years of age (1987 - 1997). Includes: Influenza, Hepatitis A, Hepatitis B-Acute, Hepatitis B-Chronic, Measles, Pertussis, Rubella, and Tetanus.
Source: Center for Disease Prevention and Epidemiology, Oregon Health Division

8TH GRADE MATH PROFICIENCY Percentage of 8th grade students who met or exceeded state standards in math (1997-98). Five year average not available due to change in methodology over five year period.
Source: Oregon Department of Education

8TH GRADE READING PROFICIENCY Percentage of 8th grade students who met or exceeded state standards in reading (1997-98). Five year average not available due to change in methodology over five year period.
Source: Oregon Department of Education

PERCENTAGE OF ESTIMATED ELIGIBLE CHILDREN ENROLLED IN CHIP Children First for Oregon has estimated the number of children who are uninsured and income-eligible for the Children's Health Insurance Program in each county. This estimate is derived from the statewide estimate of income-eligible and uninsured children prepared by the Office of Health Plan Policy and Research. Each county's proportion of the state's uninsured children, based on regional estimates of uninsured children from the 1998 Oregon Population Survey, is applied to the statewide estimate of the number of children uninsured and income-eligible for CHIP. This leads to the county estimates for number of children eligible for CHIP. Number of children actually enrolled in CHIP was provided by the Office of Medical Assistance Programs.

State of Oregon

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Oregon 10%
- Children in Oregon insured through OHP-Medicaid managed care plans at any time during 1997 ..... 202,310 (25%)
- Children enrolled in CHIP during its first five months, July-November 1998 9,093

Percentage of estimated eligible children in the state enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 3,575
- Number of residents for each primary care provider 900

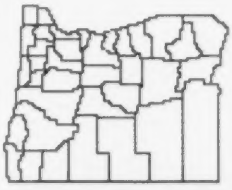
Dentists:

- Dentists in the county 1,972
- Number of residents for each dentist 1,631

Publicly-funded clinics available in the county:

- School-based health clinics 42
- Rural health clinics 23
- County health clinics 51
- Community, migrant, and homeless health centers 14

Oregon has 51 federally-designated Health Professional Shortage Areas.



Health Outcomes

- In 1994, 67% of two-year-olds in Oregon were on schedule for basic immunizations.
- Between 1987 and 1997, 4,624 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 81% of babies were born to mothers who received early prenatal care, while 62% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 1,776 children ages 1-17 died in Oregon.
  - 63% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and suicide.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**3,217,000**	**↑ 13%**
AGE 18+	2,393,047	↑ 13%
AGE 0-17	823,953	↑ 14%

Statewide Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to 2000 Benchmark
Teens					
Juvenile Arrests (per 1,000 age 0-7)	48083	58.4	6% Better	56.8	26% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	3169	17.9	5% Better	18.6	19% Worse
Suicide Attempts (per 100,000 age 10-17)	731	201.0	8% Better	214.0	NA
School					
High School Dropout	10482	6.7%	NA	NA	34% Worse
8th Grade Reading Proficiency	20959	55%	Same	NA	NA
8th Grade Math Proficiency	19693	51%	3% Better	NA	NA
Safety					
Child Abuse & Neglect Victims (per 1,000)	9742	11.8	16% Worse	10.4	31% Worse
Crimes Against Persons (per 1,000)*	47409	14.7	5% Better	17.1	NA
Child Deaths (per 100,000 age 1-14)	145	22.6	19% Better	27.0	NA
Early Childhood					
Low Birthweight Infants (per 1,000 births)	2409	55.0	3% Worse	53.3	NA
Infant Mortality (per 1,000 live births)	244	5.6	Same	6.6	7% Better
Child Care Supply (spaces per 100 age 0-13)	111432	19.7	2% Worse	NA	6% Worse

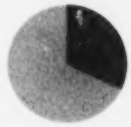
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Baker County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Baker County's region of the state 14%
- Children in Baker County insured through OHP -Medicaid managed care plans at any time during 1997 ..... 1,344 (33%)
- Children enrolled in CHIP during its first five months, July-November 1998 55

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 14
- Number of residents for each primary care provider 1,179

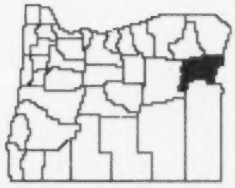
Dentists:

- Dentists in the county 7
- Number of residents for each dentist 2,357

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Baker County has one federally designated Health Professional Shortage Area in Halfway.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**16,500**	**↑ 8%**
AGE 18+	12,376	**↑ 9%**
AGE 0-17	4,124	**↑ 3%**

Health Outcomes

- In 1994, 67% of two-year-olds in Baker County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 18 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 78% of babies were born to mothers who received early prenatal care, while 29% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 8 children ages 1-17 died in Baker County.
  - 38% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were suicide, cancer, and congenital anomalies.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	441	106.9	Better	102.8	83% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	10	10.1	Worse	13.6	44% Better
Suicide Attempts (per 100,000 age 10-17)	5	242.0	Worse	129.8	20% Worse
School					
High School Dropout	28	2.9%	NA	NA	57% Better
8th Grade Reading Proficiency	140	63%	Better	NA	15% Better
8th Grade Math Proficiency	137	62%	Better	NA	22% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	118	28.6	Worse	16.6	142% Worse
Crimes Against Persons (per 1,000)*	378	22.9	Worse	20.1	55% Worse
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	5.8	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	9	50.8	Worse	52.0	8% Better
Infant Mortality (per 1,000 live births)	1	5.6	Worse	10.8	Same
Child Care Supply (spaces per 100 age 0-13)	423	15.1	Worse	NA	23% Worse

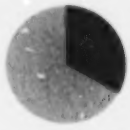
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Benton County

Children's Insurance Coverage

- Children estimated to be uninsured in Benton County's region of the state 9%
- Children in Benton County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 2,584 (16%)
- Children enrolled in CHIP during its first five months, July-November 1998 136

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 91
- Number of residents for each primary care provider 843

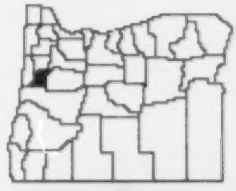
Dentists:

- Dentists in the county 43
- Number of residents for each dentist 1,784

Publicly-funded clinics available in the county:

- School-based health clinics 3
- Rural health clinics 1
- County health clinics 1
- Community, migrant, and homeless health centers 0

Benton County has no federally designated Health Professional Shortage Areas.



Health Outcomes

- In 1994, 69% of two-year-olds in Benton County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 104 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 81% of babies were born to mothers who received early prenatal care, while 69% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 17 children ages 1-17 died in Benton County.
  - 53% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and cancer.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**76,700**	**↑ 8%**
AGE 18+	60,503	**↑10%**
AGE 0-17	16,197	**↑ 3%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	835	51.6	8% Worse	43.7	12% Better
Teen Pregnancy (per 1,000 girls age 10-17)	29	7.9	21% Better	10.0	56% Better
Suicide Attempts (per 100,000 age 10-17)	17	223.9	12% Worse	234.8	11% Worse
School					
High School Dropout	136	4.2%	NA	NA	37% Better
8th Grade Reading Proficiency	536	68%	4% Worse	NA	24% Better
8th Grade Math Proficiency	496	62%	5% Worse	NA	22% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	178	11.0	18% Worse	5.8	7% Better
Crimes Against Persons (per 1,000)*	678	8.8	8% Better	10.6	40% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	100% Better	9.2	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	47	56.2	89% Worse	42.7	2% Worse
Infant Mortality (per 1,000 live births)	3	3.6	25% Better	6.0	36% Better
Child Care Supply (spaces per 100 age 0-13)	2958	25.8	1% Worse	NA	31% Better

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

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Clackamas County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Clackamas County's region of the state 6%
- Children in Clackamas County insured through OHP-Medicaid managed care plans at one time during 1997 ..... 12,401 (15%)
- Children enrolled in CHIP during its first five months, July-November 1998 588

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 346
- Number of residents for each primary care provider 918

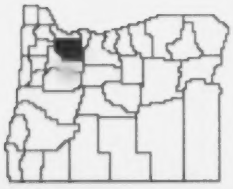
Dentists:

- Dentists in the county 187
- Number of residents for each dentist 1,699

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 2
- Community, migrant, and homeless health centers 1

Clackamas County has three federally-designated Health Professional Shortage Areas in Estacada, Mt. Hood, and Western Clackamas.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**317,700**	**↑ 14%**
AGE 18+	235,830	**↑ 15%**
AGE 0-17	81,870	**↑ 10%**

Health Outcomes

- In 1994, 71% of two-year-olds in Clackamas County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 338 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 84% of babies were born to mothers who received early prenatal care, while 62% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 156 children ages 1-17 died in Clackamas County.
  - 58% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, cancer and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	3106	37.9	6% Better	31.0	35% Better
Teen Pregnancy (per 1,000 girls age 10-17)	259	14.1	6% Better	14.0	21% Better
Suicide Attempts (per 100,000 age 10-17)	46	122.3	3% Better	141.8	39% Better
School					
High School Dropout	912	5.7%	NA	NA	14% Better
8th Grade Reading Proficiency	2388	60%	6% Worse	NA	9% Better
8th Grade Math Proficiency	2299	58%	6% Better	NA	14% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	362	4.4	7% Worse	5.2	63% Better
Crimes Against Persons (per 1,000)*	3343	10.5	8% Better	11.3	29% Better
Child Deaths (per 100,000 age 1-14)	17	27.1	86% Worse	23.9	19% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	224	54.9	1% Better	52.8	Same
Infant Mortality (per 1,000 live births)	30	7.4	19% Worse	6.8	32% Worse
Child Care Supply (spaces per 100 age 0-13)	9072	15.7	8% Worse	NA	20% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Clatsop County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Clatsop County's region of the state 9%
- Children in Clatsop County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 2,243 (26%)
- Children enrolled in CHIP during its first five months, July-November 1998 83

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 30
- Number of residents for each primary care provider 1,150

Dentists:

- Dentists in the county 20
- Number of residents for each dentist 1,725

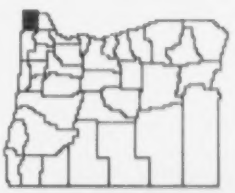
Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 1
- County health clinics 1
- Community, migrant, and homeless health centers 0

Clatsop County has no federally designated Health Professional Shortage Areas.

Health Outcomes

- In 1994, 69% of two-year-olds in Clatsop County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 29 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 79% of babies were born to mothers who received early prenatal care, while 64% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 21 children ages 1-17 died in Clatsop County.
  - 62% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were suicide and motor vehicle crash.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**34,500**	**↑ 4%**
AGE 18+	25,956	**↑ 5%**
AGE 0-17	8,544	**SAME**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	647	75.7	Better	71.0	30% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	31	16.3	Better	19.0	9% Better
Suicide Attempts (per 100,000 age 10-17)	12	296.1	Better	359.4	47% Worse
School					
High School Dropout	87	5.2%	NA	NA	23% Better
8th Grade Reading Proficiency	255	63%	Better	NA	15% Better
8th Grade Math Proficiency	228	55%	Better	NA	8% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	145	17.0	Worse	19.5	44% Worse
Crimes Against Persons (per 1,000)*	421	12.2	Better	15.7	17% Better
Child Deaths (per 100,000 age 1-14)	2	30.7	109% Worse	31.5	36% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	29	69.7	Worse	55.2	27% Worse
Infant Mortality (per 1,000 live births)	1	2.4	Better	9.3	57% Better
Child Care Supply (spaces per 100 age 0-13)	1445	24.3	Better	NA	23% Better

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Columbia County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Columbia County's region of the state 9%
- Children in Columbia County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,899 (18%)
- Children enrolled in CHIP during its first five months, July-November 1998 70

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 8
- Number of residents for each primary care provider 5,188

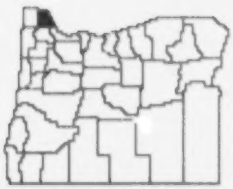
Dentists:

- Dentists in the county 17
- Number of residents for each dentist 2,441

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 1
- County health clinics 1
- Community, migrant, and homeless health centers 0

Columbia County has three federally designated Health Professional Shortage Areas in Clatskanie, Vernonia, East Columbia.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**41,500**	**↑ 10%**
AGE 18+	30,628	**↑ 14%**
AGE 0-17	10,872	**↑ 1%**

Health Outcomes

- In 1994, 69% of two-year-olds in Columbia County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 29 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 83% of babies were born to mothers who received early prenatal care, while 66% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 15 children ages 1-17 died in Columbia County.
  - 67% of deaths were from external causes (i.e. unintentional injuries).
  - The leading cause of death was motor vehicle crash.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	697	64.1	Better	70.2	10% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	48	18.8	Better	16.6	5% Worse
Suicide Attempts (per 100,000 age 10-17)	6	114.8	Worse	156.8	43% Better
School					
High School Dropout	118	4.4%	NA	NA	35% Better
8th Grade Reading Proficiency	350	54%	Worse	NA	2% Worse
8th Grade Math Proficiency	271	40%	Worse	NA	22% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	72	6.6	Better	11.5	44% Better
Crimes Against Persons (per 1,000)*	346	8.3	Better	11.1	43% Better
Child Deaths (per 100,000 age 1-14)	1	12.1	Better	19.0	46% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	13	25.6	Better	53.0	53% Better
Infant Mortality (per 1,000 live births)	2	3.9	Better	5.4	30% Better
Child Care Supply (spaces per 100 age 0-13)	1552	20.7	Better	NA	5% Better

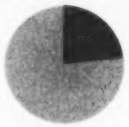
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Coos County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Coos County's region of the state 15%
- Children in Coos County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 5,005 (35%)
- Children enrolled in CHIP during its first five months, July-November 1998 158

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 66
- Number of residents for each primary care provider 930

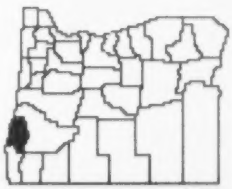
Dentists:

- Dentists in the county 29
- Number of residents for each dentist 2,117

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 1
- County health clinics 2
- Community, migrant, and homeless health centers 0

Coos County has one federally designated Health Professional Shortage Area in Powers.



Health Outcomes

- In 1994, 63% of two-year-olds in Coos County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 125 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 68% of babies were born to mothers who received early prenatal care, while 61% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 38 children ages 1-17 died in Coos County.
  - 74% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and drowning.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**61,400**	**↑ 2%**
AGE 18+	47,075	↑ 4%
AGE 0-17	14,325	↓ 5%

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	1214	84.7	20% Better	84.6	45% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	56	16.3	7% Worse	17.7	9% Better
Suicide Attempts (per 100,000 age 10-17)	12	169.3	20% Better	280.4	16% Better
School					
High School Dropout	155	4.6%	NA	NA	31% Better
8th Grade Reading Proficiency	366	49%	7% Worse	NA	11% Worse
8th Grade Math Proficiency	379	51%	7% Better	NA	Same
Safety					
Child Abuse & Neglect Victims (per 1,000)	284	19.8	55% Worse	15.8	68% Worse
Crimes Against Persons (per 1,000)*	907	14.8	2% Better	18.1	Same
Child Deaths (per 100,000 age 1-14)	3	27.6	70% Better	39.8	22% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	33	49.0	9% Worse	49.0	11% Better
Infant Mortality (per 1,000 live births)	4	5.9	5% Better	6.5	5% Worse
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

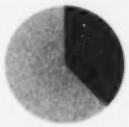
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Crook County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Crook County's region of the state 10%
- Children in Crook County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,224 (29%)
- Children enrolled in CHIP during its first five months, July-November 1998 53

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 11
- Number of residents for each primary care provider 1,477

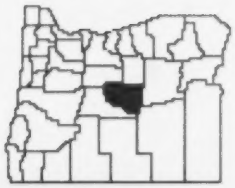
Dentists:

- Dentists in the county 9
- Number of residents for each dentist 1,806

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Crook County has no federally-designated Health Professional Shortage Areas.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**16,250**	**↑ 15%**
AGE 18+	11,981	**↑ 17%**
AGE 0-17	4,269	**↑ 10%**

Health Outcomes

- In 1994, 67% of two-year-olds in Crook County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 25 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 80% of babies were born to mothers who received early prenatal care, while 67% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 13 children ages 1-17 died in Crook County.
  - 85% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	328	76.8	Better	82.4	32% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	17	18.9	Better	18.8	6% Worse
Suicide Attempts (per 100,000 age 10-17)	0	0.0	Better	75.0	100% Better
School					
High School Dropout	38	4.2%	NA	NA	38% Better
8th Grade Reading Proficiency	134	54%	Better	NA	2% Worse
8th Grade Math Proficiency	113	46%	Better	NA	10% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	55	12.9	Better	13.2	9% Worse
Crimes Against Persons (per 1,000)*	241	14.8	Better	12.3	1% Worse
Child Deaths (per 100,000 age 1-14)	0	0.0	Better	36.5	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	17	76.2	Worse	64.1	39% Worse
Infant Mortality (per 1,000 live births)	1	4.5	Worse	10.0	20% Better
Child Care Supply (spaces per 100 age 0-13)	408	13.3	Worse	NA	32% Worse

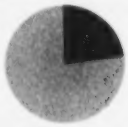
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Curry County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Curry County's region of the state 15%
- Children in Curry County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,443 (31%)
- Children enrolled in CHIP during its first five months, July-November 1998 51

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 16
- Number of residents for each primary care provider 1,388

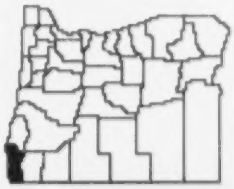
Dentists:

- Dentists in the county 12
- Number of residents for each dentist 1,850

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Curry County has two federally designated Health Professional Shortage Areas in Port Orford and Brookings.



Health Outcomes

- In 1994, 63% of two-year-olds in Curry County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 22 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 78% of babies were born to mothers who received early prenatal care, while 69% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 16 children ages 1-17 died in Curry County.
  - 63% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and drowning.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**22,200**	**↑ 15%**
AGE 18+	17,566	**↑ 15%**
AGE 0-17	4,634	**↑ 16%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to 2000 enchmark
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	170	36.7	Better	45.4	37% Better
Teen Pregnancy (per 1,000 girls age 10-17)	18	17.3	Worse	15.4	3% Better
Suicide Attempts (per 100,000 age 10-17)	1	47.3	Better	198.2	76% Better
School					
High School Dropout	39	3.9%	NA	NA	43% Better
8th Grade Reading Proficiency	160	62%	Better	NA	13% Better
8th Grade Math Proficiency	140	55%	Better	NA	8% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	58	12.5	Better	21.1	6% Worse
Crimes Against Persons (per 1,000)*	211	9.5	Better	12.9	36% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Better	44.3	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	7	49.6	Better	0.0	10% Better
Infant Mortality (per 1,000 live births)	0	0.0	Better	10.1	100% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Deschutes County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Deschutes County's region of the state 10%
- Children in Deschutes County insured through OHP- Medicaid managed care plans at any time during 1997 ..... 6,567 (25%)
- Children enrolled in CHIP during its first five months, July-November 1998 385

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 90
- Number of residents for each primary care provider 1,124

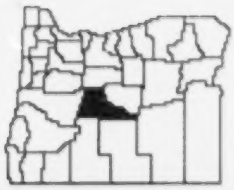
Dentists:

- Dentists in the county 61
- Number of residents for each dentist 1,659

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Deschutes County has one federally-designated Health Professional Shortage Area in La Pine.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**101,200**	**↑ 35%**
AGE 18+	74,841	**↑ 35%**
AGE 0-17	26,359	**↑ 36%**

Health Outcomes

- In 1994, 65% of two-year-olds in Deschutes County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 101 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 84% of babies were born to mothers who received early prenatal care, while 48% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 64 children ages 1-17 died in Deschutes County.
  - 59% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, suicide, and cancer.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	1884	71.5	12% Better	73.3	22% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	84	15.1	16% Better	16.2	16% Better
Suicide Attempts (per 100,000 age 10-17)	21	181.5	4% Better	230.9	10% Better
School					
High School Dropout	269	5.0%	NA	NA	25% Better
8th Grade Reading Proficiency	745	55%	10% Worse	NA	Same
8th Grade Math Proficiency	723	52%	Same	NA	2% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	242	9.2	10% Worse	9.8	22% Better
Crimes Against Persons (per 1,000)*	1176	11.6	4% Better	13.1	21% Better
Child Deaths (per 100,000 age 1-14)	4	19.5	0% Better	32.2	14% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	61	46.4	13% Better	55.4	Same
Infant Mortality (per 1,000 live births)	6	4.6	15% Better	5.6	18% Better
Child Care Supply (spaces per 100 age 0-13)	3899	20.5	11% Worse	NA	4% Better

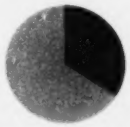
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Douglas County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Douglas County's region of the state 15%
- Children in Douglas County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 7,797 (32%)
- Children enrolled in CHIP during its first five months, July-November 1998 374

Percentage of estimated eligible children in the county enrolled in CHIP



32%

Access to Care

Primary Care Providers:

- Primary care providers in the county 89
- Number of residents for each primary care provider 1,113

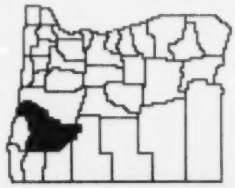
Dentists:

- Dentists in the county 47
- Number of residents for each dentist 2,109

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 3
- Community, migrant, and homeless health centers 0

Douglas County has one federally-designated Health Professional Shortage Area in Roseburg.



Health Outcomes

- In 1994, 63% of two-year-olds in Douglas County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 173 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 85% of babies were born to mothers who received early prenatal care, while 76% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 81 children ages 1-17 died in Douglas County.
  - 68% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle accident and suicide.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**99,100**	**↑ 5%**
AGE 18+	74,974	**↑ 8%**
AGE 0-17	24,126	**↓ 5%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	2383	99.0	64% Worse	71.9	70% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	102	17.8	21% Worse	18.4	1% Better
Suicide Attempts (per 100,000 age 10-17)	46	396.1	207% Worse	233.4	97% Worse
School					
High School Dropout	298	5.5%	NA	NA	18% Better
8th Grade Reading Proficiency	654	52%	4% Worse	NA	5% Worse
8th Grade Math Proficiency	597	48%	9% Better	NA	6% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	338	14.0	1% Better	11.7	19% Worse
Crimes Against Persons (per 1,000)*	1117	11.3	24% Better	16.0	24% Better
Child Deaths (per 100,000 age 1-14)	8	43.3	2% Worse	30.9	91% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	70	62.0	16% Worse	56.2	13% Worse
Infant Mortality (per 1,000 live births)	10	8.9	65% Worse	5.8	59% Worse
Child Care Supply (spaces per 100 age 0-13)	3745	22.3	49% Better	NA	13% Better

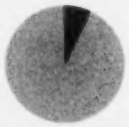
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Gilliam County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Gilliam County's region of the state 8%
- Children in Gilliam County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 15 (3%)
- Children enrolled in CHIP during its first five months, July-November 1998 1

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 0
- Number of residents for each primary care provider ..... NA

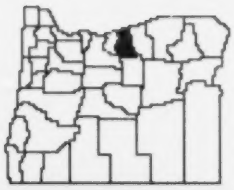
Dentists:

- Dentists in the county 0
- Number of residents for each dentist ..... NA

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 2
- County health clinics 0
- Community, migrant, and homeless health centers 0

Gilliam County has two federally-designated Health Professional Shortage Areas in Arlington and Condon.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**1,950**	**↑ 14%**
AGE 18+	1,482	**↑ 18%**
AGE 0-17	468	**↑ 2%**

Health Outcomes

- In 1994, 65% of two-year-olds in Gilliam County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 1 vaccine-preventable disease was reported among children ages 0-17.
- In 1997, 79% of babies were born to mothers who received early prenatal care, while 100% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, no children ages 1-17 died in Gilliam County.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	14	29.9	Better	38.6	49% Better
Teen Pregnancy (per 1,000 girls age 10-17)	NA	NA	NA	3.4	NA
Suicide Attempts (per 100,000 age 10-17)	0	0.0	Same	81.3	100% Better
School					
High School Dropout	4	3.1%	NA	NA	54% Better
8th Grade Reading Proficiency	9	50%	Better	NA	9% Worse
8th Grade Math Proficiency	12	36%	Worse	NA	29% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	12	25.6	Worse	18.0	117% Worse
Crimes Against Persons (per 1,000)*	12	6.2	Better	7.4	58% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	0.0	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	1	52.6	Worse	14.3	4% Better
Infant Mortality (per 1,000 live births)	0	0.0	Same	0.0	100% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Grant County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Grant County's region of the state 13%
- Children in Grant County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 627 (31%)
- Children enrolled in CHIP during its first five months, July-November 1998 33

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 7
- Number of residents for each primary care provider 1,136

Dentists:

- Dentists in the county 5
- Number of residents for each dentist 1,590

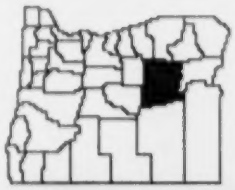
Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Grant County has one federally designated Health Professional Shortage Area in Grant.

Health Outcomes

- In 1994, 67% of two-year-olds in Grant County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 2 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 84% of babies were born to mothers who received early prenatal care. 100% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 8 children ages 1-17 died in Grant County.
  - 38% of deaths were from external causes (i.e. unintentional injuries).
  - The leading cause of death was fires.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**7,950**	**↑ 1%**
AGE 18+	5,913	↑ 3%
AGE 0-17	2,037	↓ 4%

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	55	27.0	Better	25.3	54% Better
Teen Pregnancy (per 1,000 girls age 10-17)	7	14.4	Worse	13.1	20% Better
Suicide Attempts (per 100,000 age 10-17)	5	499.5	Worse	234.4	148% Worse
School					
High School Dropout	11	2.1%	NA	NA	69% Better
8th Grade Reading Proficiency	94	69%	Better	NA	25% Better
8th Grade Math Proficiency	81	60%	Better	NA	18% Bette
Safety					
Child Abuse & Neglect Victims (per 1,000)	43	21.1	Worse	15.5	79% Worse
Crimes Against Persons (per 1,000)*	60	7.5	Better	13.1	49% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	46.2	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	4	42.1	Worse	41.6	23% Better
Infant Mortality (per 1,000 live births)	1	10.5	Worse	2.0	88% Worse
Child Care Supply (spaces per 100 age 0-13)	163	11.6	Better	NA	41% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Harney County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Harney County's region of the state 13%
- Children in Harney County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 652 (35%)
- Children enrolled in CHIP during its first five months, July-November 1998 64

Percentage of estimated eligible children in the county enrolled in CHIP

86%

Access to Care

Primary Care Providers:

- Primary care providers in the county 7
- Number of residents for each primary care provider 1,071

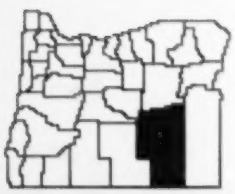
Dentists:

- Dentists in the county 4
- Number of residents for each dentist 1,875

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Harney County has one federally-designated Health Professional Shortage Area in Harney.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**7,500**	**↑ 6%**
AGE 18+	5,619	**↑ 10%**
AGE 0-17	1,881	**↓ 5%**

Health Outcomes

- In 1994, 67% of two-year-olds in Harney County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 7 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 82% of babies were born to mothers who received early prenatal care, while 50% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 6 children ages 1-17 died in Harney County.
  - 67% of deaths were from external causes (i.e. unintentional injuries).
  - The leading cause of death was suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	18	9.6	Better	28.2	84% Better
Teen Pregnancy (per 1,000 girls age 10-17)	3	6.8	Better	18.2	62% Better
Suicide Attempts (per 100,000 age 10-17)	0	0.0	Better	223.1	100% Better
School					
High School Dropout	19	4.4%	NA	NA	34% Better
8th Grade Reading Proficiency	54	64%	Better	NA	16% Better
8th Grade Math Proficiency	52	63%	Better	NA	24% Bette
Safet					
Child Abuse & Neglect Victims (per 1,000)	39	20.7	Better	20.9	75% Worse
Crimes Against Persons (per 1,000)*	81	10.8	Better	8.4	27% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Better	42.0	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 birth)	6	83.3	Worse	62.6	51% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Same	13.8	100% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Hood River County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Hood River County's region of the state 8%
- Children in Hood River County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,721 (32%)
- Children enrolled in CHIP during its first five months, July-November 1998 141

Percentage of estimated eligible children in the county enrolled in CHIP

100%

Access to Care

Primary Care Providers:

- Primary care providers in the county 27
- Number of residents for each primary care provider 711

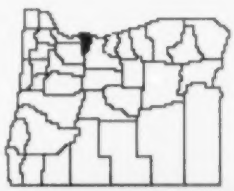
Dentists:

- Dentists in the county 13
- Number of residents for each dentist 1,477

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- Rounty health clinics 1
- Community, migrant, and homeless health centers 1

Hood River County has one federally-designated Health Professional Shortage Area in Hood River.



Health Outcomes

- In 1994, 65% of two-year-olds in Hood River County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 25 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 81% of babies were born to mothers who received early prenatal care, while 80% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 12 children ages 1-17 died in Hood River County.
  - 67% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were drowning and suicide.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**19,200**	**↑ 14%**
AGE 18+	13,873	**↑ 13%**
AGE 0-17	5,327	**↑ 15%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	307	57.6	Better	52.4	1% Better
Teen Pregnancy (per 1,000 girls age 10-17)	16	14.4	Better	16.9	20% Better
Suicide Attempts (per 100,000 age 10-17)	6	270.3	Worse	182.8	34% Worse
School					
High School Dropout	19	1.7%	NA	NA	74% Better
8th Grade Reading Proficiency	125	49%	Worse	NA	11% Worse
8th Grade Math Proficiency	108	41%	Better	NA	20% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	93	17.5	Worse	14.6	48% Worse
Crimes Against Persons (per 1,000)*	179	9.3	Better	10.7	37% Better
Child Deaths (per 100,000 age 1-14)	2	47.9	Worse	34.2	111% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	12	40.0	Better	53.0	27% Better
Infant Mortality (per 1,000 live births)	1	3.3	Same	6.1	41% Better
Child Care Supply (spaces per 100 age 0-13)	1081	27.5	Better	NA	40% Better

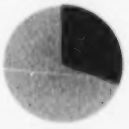
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Jackson County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Jackson County's region of the state 15%
- Children in Jackson County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 12,427 (30%)
- Children enrolled in CHIP during its first five months, July-November 1998 583

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 181
- Number of residents for each primary care provider 935

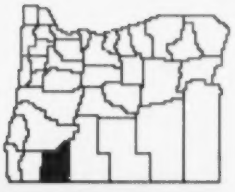
Dentists:

- Dentists in the county 95
- Number of residents for each dentist 1,782

Publicly-funded clinics available in the county:

- School-based health clinics 7
- Rural health clinics 3
- County health clinics 1
- Community, migrant, and homeless health centers 1

Jackson County has four federally-designated Health Professional Shortage Areas in Rogue River, Shady Cove, Ashland/Phoenix, and Medford.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**169,300**	**↑ 16%**
AGE 18+	127,525	**↑ 16%**
AGE 0-17	41,775	**↑ 14%**

Health Outcomes

- In 1994, 63% of two-year-olds in Jackson County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 246 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 76% of babies were born to mothers who received early prenatal care, while 48% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 75 children ages 1-17 died in Jackson County.
  - 56% of deaths were from external causes (i.e. unintentional injuries).
  - The leading cause of death was motor vehicle crash.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	4008	95.9	2% Worse	79.2	64% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	133	14.4	17% Better	16.8	20% Better
Suicide Attempts (per 100,000 age 10-17)	22	116.3	54% Better	190.2	42% Better
School					
High School Dropout	611	7.3%	NA	NA	9% Worse
8th Grade Reading Proficiency	1114	54%	Same	NA	2% Worse
8th Grade Math Proficiency	997	48%	5% Better	NA	6% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	605	14.5	31% Worse	11.7	23% Worse
Crimes Against Persons (per 1,000)*	2348	13.9	2% Better	14.6	6% Better
Child Deaths (per 100,000 age 1-14)	9	20.5	40% Better	24.7	9% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	105	50.4	12% Better	52.5	8% Better
Infant Mortality (per 1,000 live births)	11	5.3	Same	6.6	5% Better
Child Care Supply (spaces per 100 age 0-13)	5283	17.7	26% Worse	NA	10% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Jefferson County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Jefferson County's region of the state 10%
- Children in Jefferson County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,450 (28%)
- Children enrolled in CHIP during its first five months, July-November 1998 79

Percentage of estimated eligible children in the county enrolled in CHIP

46%

Access to Care

Primary Care Providers:

- Primary care providers in the county 12
- Number of residents for each primary care provider 1,425

Dentists:

- Dentists in the county 6
- Number of residents for each dentist 2,850

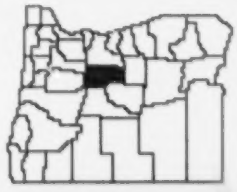
Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Jefferson County has one federally designated Health Professional Shortage Area in Madras.

Health Outcomes

- In 1994, 65% of two-year-olds in Jefferson County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 120 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 65% of babies were born to mothers who received early prenatal care, while 20% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 25 children ages 1-17 died in Jefferson County.
  - 80% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, drowning, and homicide.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**17,100**	**↑ 25%**
AGE 18+	11,827	**↑ 26%**
AGE 0-17	5,273	**↑ 23%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	426	80.8	Better	74.7	38% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	23	21.4	Better	33.1	20% Worse
Suicide Attempts (per 100,000 age 10-17)	5	229.7	Worse	148.6	14% Worse
School					
High School Dropout	71	8.1%	NA	NA	21% Worse
8th Grade Reading Proficiency	61	26%	Worse	NA	53% Worse
8th Grade Math Proficiency	65	27%	Worse	NA	47% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	44	8.3	Better	10.9	30% Better
Crimes Against Persons (per 1,000)*	328	19.2	Worse	17.2	30% Worse
Child Deaths (per 100,000 age 1-14)	4	94.9	Worse	85.7	319% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	18	57.9	Better	59.9	5% Worse
Infant Mortality (per 1,000 live births)	1	3.2	Better	10.1	43% Better
Child Care Supply (spaces per 100 age 0-13)	439	11.1	Worse	NA	44% Worse

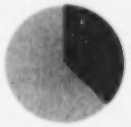
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Josephine County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Josephine County's region of the state 15%
- Children in Josephine County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 7,216 (41%)
- Children enrolled in CHIP during its first five months, July-November 1998 313

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 67
- Number of residents for each primary care provider 1,090

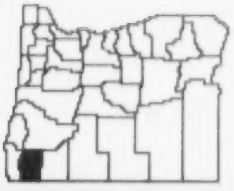
Dentists:

- Dentists in the county 35
- Number of residents for each dentist 2,086

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 1

Josephine County has three federally-designated Health Professional Shortage Areas in Williams, Cave Junction, and Grants Pass.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**73,000**	**↑ 17%**
AGE 18+	55,419	**↑ 17%**
AGE 0-17	17,581	**↑ 16%**

Health Outcomes

- In 1994, 63% of two-year-olds in Josephine County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 141 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 74% of babies were born to mothers who received early prenatal care, while 57% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 47 children ages 1-17 died in Josephine County.
  - 68% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and homicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	1208	68.7	9% Worse	56.9	18% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	50	13.0	22% Better	16.2	27% Better
Suicide Attempts (per 100,000 age 10-17)	22	274.7	7% Better	209.4	37% Worse
School					
High School Dropout	244	7.1%	NA	NA	5% Worse
8th Grade Reading Proficiency	476	55%	6% Better	NA	Same
8th Grade Math Proficiency	391	46%	15% Better	NA	10% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	363	20.6	63% Worse	10.9	75% Worse
Crimes Against Persons (per 1,000)*	917	12.6	8% Better	14.0	15% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	100% Better	31.7	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	36	50.3	5% Better	54.1	9% Better
Infant Mortality (per 1,000 live births)	1	1.4	61% Better	6.1	75% Better
Child Care Supply (spaces per 100 age 0-13)	1654	13.3	26% Worse	NA	32% Worse

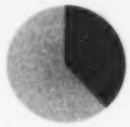
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Klamath County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Klamath County's region of the state 13%
- Children in Klamath County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 5,441 (34%)
- Children enrolled in CHIP during its first five months, July-November 1998 245

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 53
- Number of residents for each primary care provider 1,162

Dentists:

- Dentists in the county 32
- Number of residents for each dentist 1,925

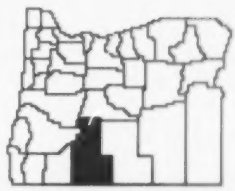
Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 1

Klamath County has three federally-designated Health Professional Shortage Areas in Bly, Chiloquin, and Klamath Falls.

Health Outcomes

- In 1994, 63% of two-year-olds in Klamath County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 88 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 72% of babies were born to mothers who received early prenatal care, while 63% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 49 children ages 1-17 died in Klamath County.
  - 71% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, cancer, and homicide.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**61,600**	**↑ 7%**
AGE 18+	45,664	**↑ 8%**
AGE 0-17	15,936	**↑ 4%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	510	32.0	7% Worse	32.0	45% Better
Teen Pregnancy (per 1,000 girls age 10-17)	54	15.4	36% Better	22.8	14% Better
Suicide Attempts (per 100,000 age 10-17)	24	333.9	27% Worse	220.1	66% Worse
School					
High School Dropout	178	5.4%	NA	NA	20% Better
8th Grade Reading Proficiency	377	49%	4% Worse	NA	11% Worse
8th Grade Math Proficiency	302	40%	1% Worse	NA	22% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	282	17.7	14% Better	16.1	50% Worse
Crimes Against Persons (per 1,000)*	852	13.8	6% Better	16.3	6% Better
Child Deaths (per 100,000 age 1-14)	3	24.3	53% Worse	35.1	7% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	45	55.8	7% Better	59.7	1% Worse
Infant Mortality (per 1,000 live births)	8	9.9	18% Worse	9.4	77% Worse
Child Care Supply (spaces per 100 age 0-13)	3176	27.9	21% Better	NA	42% Better

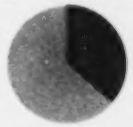
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Lake County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Lake County's region of the state 13%
- Children in Lake County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 610 (32%)
- Children enrolled in CHIP during its first five months, July-November 1998 29

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 6
- Number of residents for each primary care provider 1,233

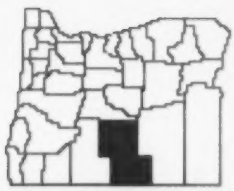
Dentists:

- Dentists in the county 3
- Number of residents for each dentist 2,467

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Lake County has one federally designated Health Professional Shortage Area in Silver Lake.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**7,400**	↑ **3%**
AGE 18+	5,488	↑ **6%**
AGE 0-17	1,912	↓ **5%**

Health Outcomes

- In 1994, 67% of two-year-olds in Lake County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 1 vaccine-preventable disease was reported among children ages 0-17.
- In 1997, 78% of babies were born to mothers who received early prenatal care, while 43% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 11 children ages 1-17 died in Lake County.
  - 91% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, drowning, and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	165	86.3	Worse	47.0	48% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	10	23.0	Worse	15.7	28% Worse
Suicide Attempts (per 100,000 age 10-17)	4	442.5	Worse	104.2	120% Worse
School					
High School Dropout	14	2.8%	NA	NA	59% Better
8th Grade Reading Proficiency	77	61%	Worse	NA	11% Better
8th Grade Math Proficiency	54	43%	Worse	NA	16% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	49	25.6	Better	21.7	117% Worse
Crimes Against Persons (per 1,000)*	27	3.6	Better	7.5	75% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	35.5	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	3	40.5	Better	53.2	26% Better
Infant Mortality (per 1,000 live births)	0	0.0	Better	16.3	100% Better
Child Care Supply (spaces per 100 age 0-13)	236	17.6	Better	NA	11% Worse

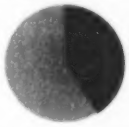
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Lane County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Lane County's region of the state 9%
- Children in Lane County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 19,631 (27%)
- Children enrolled in CHIP during its first five months, July-November 1998 810

Percentage of estimated eligible children in the county enrolled in CHIP



41%

Access to Care

Primary Care Providers:

- Primary care providers in the county 326
- Number of residents for each primary care provider 946

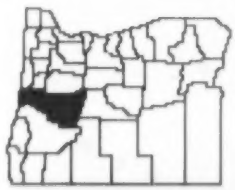
Dentists:

- Dentists in the county 164
- Number of residents for each dentist 1,881

Publicly-funded clinics available in the county:

- School-based health clinics 5
- Rural health clinics 3
- County health clinics 1
- Community, migrant, and homeless health centers 1

Lane County has five federally designated Health Professional Shortage Areas in Lowell, McKenzie, Oakridge, Triangle Lake/Swisshome, and Florence.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**308,500**	**↑ 9%**
AGE 18+	235,723	**↑ 10%**
AGE 0-17	72,777	**↑ 5%**

Health Outcomes

- In 1994, 63% of two-year-olds in Lane County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 633 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 76% of babies were born to mothers who received early prenatal care, while 54% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 158 children ages 1-17 died in Lane County.
  - 67% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and homicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	4366	60.0	7% Better	56.4	3% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	295	17.8	1% Worse	16.0	1% Better
Suicide Attempts (per 100,000 age 10-17)	94	278.7	5% Worse	192.8	39% Worse
School					
High School Dropout	795	5.6%	NA	NA	17% Better
8th Grade Reading Proficiency	2111	58%	4% Worse	NA	5% Better
8th Grade Math Proficiency	1989	55%	3% Better	NA	8% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	733	10.1	25% Worse	10.6	14% Better
Crimes Against Persons (per 1,000)*	4495	14.6	5% Better	14.8	1% Better
Child Deaths (per 100,000 age 1-14)	17	30.2	113% Worse	21.0	34% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	200	55.9	4% Worse	50.6	Same
Infant Mortality (per 1,000 live births)	16	4.5	34% Better	6.2	20% Better
Child Care Supply (spaces per 100 age 0-13)	13103	25.4	15% Better	NA	29% Better

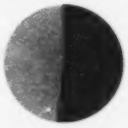
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Lincoln County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Lincoln County's region of the state 9%
- Children in Lincoln County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 3,395 (35%)
- Children enrolled in CHIP during its first five months, July-November 1998 151

Percentage of estimated eligible children in the county enrolled in CHIP



52%

Access to Care

Primary Care Providers:

- Primary care providers in the county 46
- Number of residents for each primary care provider 924

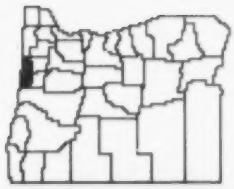
Dentists:

- Dentists in the county 24
- Number of residents for each dentist 1,771

Publicly-funded clinics available in the county:

- School-based health clinics 3
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Lincoln County has one federally-designated Health Professional Shortage Area in DeLake/Depoe.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**42,500**	**↑ 9%**
AGE 18+	32,651	**↑ 10%**
AGE 0-17	9,849	**↑ 8%**

Health Outcomes

- In 1994, 69% of two-year-olds in Lincoln County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 86 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 72% of babies were born to mothers who received early prenatal care, while 38% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 32 children ages 1-17 died in Lincoln County.
  - 81% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	720	73.1	Better	80.5	25% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	49	21.3	Worse	18.4	19% Worse
Suicide Attempts (per 100,000 age 10-17)	10	214.0	Worse	231.0	6% Worse
School					
High School Dropout	219	9.8%	NA	NA	46% Worse
8th Grade Reading Proficiency	307	57%	Worse	NA	4% Better
8th Grade Math Proficiency	276	50%	Better	NA	2% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	285	28.9	Worse	17.7	145% Worse
Crimes Against Persons (per 1,000)*	539	12.7	Better	16.9	14% Better
Child Deaths (per 100,000 age 1-14)	4	53.1	Worse	29.2	135% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	16	35.6	Better	55.8	35% Better
Infant Mortality (per 1,000 live births)	2	4.5	Better	4.9	20% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

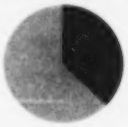
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Linn County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Linn County's region of the state 9%
- Children in Linn County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 6,539 (25%)
- Children enrolled in CHIP during its first five months, July-November 1998 249

Percentage of estimated eligible children in the county enrolled in CHIP



35%

Access to Care

Primary Care Providers:

- Primary care providers in the county 80
- Number of residents for each primary care provider 1,259

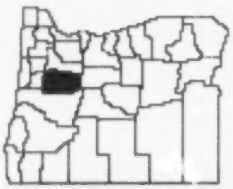
Dentists:

- Dentists in the county 40
- Number of residents for each dentist 2,518

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Linn County has one federally-designated Health Professional Shortage Area in Mill City/Gates/Detroit.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**100,700**	**↑ 10%**
AGE 18+	74,746	**↑ 12%**
AGE 0-17	25,954	**↑ 7%**

Health Outcomes

- In 1994, 69% of two-year-olds in Linn County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 192 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 78% of babies were born to mothers who received early prenatal care, while 58% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 63 children ages 1-17 died in Linn County.
  - 67% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	2486	95.8	14% Better	93.4	64% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	111	19.3	1% Worse	17.2	8% Worse
Suicide Attempts (per 100,000 age 10-17)	24	202.4	3% Worse	227.5	1% Worse
School					
High School Dropout	370	6.8%	NA	NA	1% Worse
8th Grade Reading Proficiency	683	50%	11% Worse	NA	9% Worse
8th Grade Math Proficiency	608	47%	4% Worse	NA	8% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	262	10.1	9% Worse	12.3	14% Better
Crimes Against Persons (per 1,000)*	1617	16.1	3% Better	18.2	9% Worse
Child Deaths (per 100,000 age 1-14)	7	35.0	30% Better	32.9	55% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	70	49.1	10% Worse	48.1	11% Better
Infant Mortality (per 1,000 live births)	9	6.3	11% Worse	7.5	13% Worse
Child Care Supply (spaces per 100 age 0-13)	3472	18.8	4% Better	NA	5% Worse

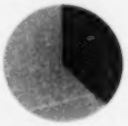
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Malheur County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Malhuer County's region of the state 14%
- Children in Malhuer County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 3,595 (41%)
- Children enrolled in CHIP during its first five months, July-November 1998 141

Percentage of estimated eligible children in the county enrolled in CHIP



36%

Access to Care

Primary Care Providers:

- Primary care providers in the county 23
- Number of residents for each primary care provider 1,248

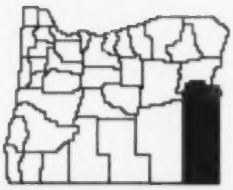
Dentists:

- Dentists in the county 17
- Number of residents for each dentist 1,688

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 2
- County health clinics 1
- Community, migrant, and homeless health centers 1

Malheur County has four federally-designated Health Professional Shortage Areas in Jordan Valley, Nyssa, Vale, and Ontario.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**28,700**	**↑ 10%**
AGE 18+	20,021	**↑ 11%**
AGE 0-17	8,679	**↑ 9%**

Health Outcomes

- In 1994, 67% of two-year-olds in Malheur County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 101 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 66% of babies were born to mothers who received early prenatal care, while 57% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 15 children ages 1-17 died in Malheur County.
  - 87% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and drowning.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	709	81.7	Worse	76.7	40% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	31	16.8	Better	24.1	6% Better
Suicide Attempts (per 100,000 age 10-17)	2	53.6	Better	198.9	73% Better
School					
High School Dropout	128	7.7%	NA	NA	16% Worse
8th Grade Reading Proficiency	215	47%	Worse	NA	15% Worse
8th Grade Math Proficiency	171	38%	Worse	NA	25% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	186	21.4	Worse	19.2	81% Worse
Crimes Against Persons (per 1,000)*	390	13.6	Better	22.6	8% Better
Child Deaths (per 100,000 age 1-14)	2	29.6	Better	32.7	31% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	28	59.1	Worse	49.1	7% Worse
Infant Mortality (per 1,000 live births)	3	8.4	Worse	8.5	50% Worse
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Marion County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Marion County's region of the state 9%
- Children in Marion County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 21,625 (30%)
- Children enrolled in CHIP during its first five months, July-November 1998 1,048

Percentage of estimated eligible children in the county enrolled in CHIP

52%

Access to Care

Primary Care Providers:

- Primary care providers in the county 246
- Number of residents for each primary care provider 1,088

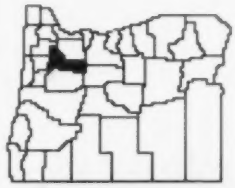
Dentists:

- Dentists in the county 144
- Number of residents for each dentist 1,859

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- Rounty health clinics 2
- Community, migrant, and homeless health centers 1

Marion County has one federally designated Health Professional Shortage Area in Polk/Marion.



Health Outcomes

- In 1994, 69% of two-year-olds in Marion County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 565 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 78% of babies were born to mothers who received early prenatal care, while 66% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 154 children ages 1-17 died in Marion County.
  - 71% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and suicide.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**267,700**	**↑ 17%**
AGE 18+	194,408	**↑ 16%**
AGE 0-17	73,292	**↑ 22%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	4457	60.8	3% Better	57.9	4% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	398	26.6	11% Worse	23.6	49% Worse
Suicide Attempts (per 100,000 age 10-17)	102	332.3	9% Better	301.9	65% Worse
School					
High School Dropout	1259	9.2%	NA	NA	37% Worse
8th Grade Reading Proficiency	1531	47%	3% Worse	NA	15% Worse
8th Grade Math Proficiency	1524	45%	6% Better	NA	12% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	891	12.2	34% Worse	9.3	3% Worse
Crimes Against Persons (per 1,000)*	4087	15.3	5% Better	19.1	4% Worse
Child Deaths (per 100,000 age 1-14)	14	24.5	13% Better	27.1	8% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	234	52.8	2% Worse	51.4	4% Better
Infant Mortality (per 1,000 live births)	35	7.9	5% Worse	7.2	41% Worse
Child Care Supply (spaces per 100 age 0-13)	10667	19.8	10% Better	NA	1% Better

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Morrow County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Morrow County's region of the state 8%
- Children in Morrow County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 813 (31%)
- Children enrolled in CHIP during its first five months, July-November 1998 48

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 4
- Number of residents for each primary care provider 2,263

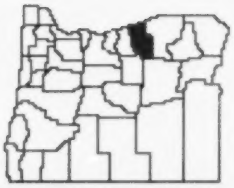
Dentists:

- Dentists in the county 1
- Number of residents for each dentist 9,050

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 2
- Community, migrant, and homeless health centers 0

Morrow County has one federally-designated Health Professional Shortage Area in Boardman.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**9,050**	**↑ 19%**
AGE 18+	6,441	**↑ 21%**
AGE 0-17	2,609	**↑ 13%**

Health Outcomes

- In 1994, 65% of two-year-olds in Morrow County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 9 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 59% of babies were born to mothers who received early prenatal care, while 50% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 11 children ages 1-17 died in Morrow County.
  - 64% of deaths were from external causes(i.e. unintentional injuries).
  - The leading cause of death was motor vehicle crash.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	150	57.5	Worse	35.9	2% Better
Teen Pregnancy (per 1,000 girls age 10-17)	13	21.9	Worse	22.2	22% Worse
Suicide Attempts (per 100,000 age 10-17)	1	84.0	Worse	132.9	58% Better
School					
High School Dropout	30	4.8%	NA	NA	28% Better
8th Grade Reading Proficiency	48	32%	Worse	NA	42% Worse
8th Grade Math Proficiency	54	35%	Worse	NA	31% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	91	34.9	Better	30.0	196% Worse
Crimes Against Persons (per 1,000)*	166	18.3	Worse	17.8	24% Worse
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	49.0	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	9	61.2	Worse	42.2	11% Worse
Infant Mortality (per 1,000 live births)	1	6.8	Worse	3.0	21% Worse
Child Care Supply (spaces per 100 age 0-13)	243	13.1	Better	NA	34% Worse

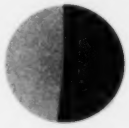
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Multnomah County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Multhomah County's region of the state 6%
- Children in Multnomah County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 41,889 (26%)
- Children enrolled in CHIP during its first five months, July-November 1998 1,685

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 1,075
- Number of residents for each primary care provider 594

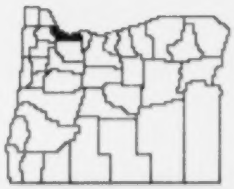
Dentists:

- Dentists in the county 541
- Number of residents for each dentist 1,181

Publicly-funded clinics available in the county:

- School-based health clinics 14
- Rural health clinics 0
- County health clinics 11
- Community, migrant, and homeless health centers 2

Multnomah County has one federally designated Health Professional Shortage Area in the Burnside area of Portland.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**639,000**	**↑ 9%**
AGE 18+	476,768	↑ 6%
AGE 0-17	162,232	↑ 20%

Health Outcomes

- In 1994, 66% of two-year-olds in Multnomah County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 1,262 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 82% of babies were born to mothers who received early prenatal care, while 66% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 310 children ages 1-17 died in Multnomah County.
  - 55% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and cancer.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	6587	40.6	14% Better	52.4	30% Better
Teen Pregnancy (per 1,000 girls age 10-17)	708	21.7	7% Better	26.3	21% Worse
Suicide Attempts (per 100,000 age 10-17)	110	165.5	29% Better	272.0	18% Better
School					
High School Dropout	2211	8.6%	NA	NA	28% Worse
8th Grade Reading Proficiency	3301	52%	19% Better	NA	5% Worse
8th Grade Math Proficiency	3175	50%	1% Worse	NA	2% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	2217	13.7	14% Worse	12.0	16% Worse
Crimes Against Persons (per 1,000)*	15758	24.7	3% Better	28.8	67% Worse
Child Deaths (per 100,000 age 1-14)	25	11.1	61% Better	25.9	51% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	545	60.5	1% Better	59.8	10% Worse
Infant Mortality (per 1,000 live births)	44	4.9	9% Better	7.0	13% Better
Child Care Supply (spaces per 100 age 0-13)	22760	18.8	18% Worse	NA	5% Worse

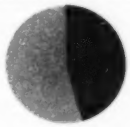
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Polk County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Polk County's region of the state 9%
- Children in Polk County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 3,470 (24%)
- Children enrolled in CHIP during its first five months, July-November 1998 175

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 40
- Number of residents for each primary care provider 1,435

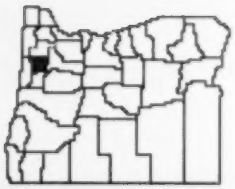
Dentists:

- Dentists in the county 25
- Number of residents for each dentist 2,296

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers .....

Polk County has one federally-designated Health Professional Shortage Area in Polk/Marion



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**57,400**	**↑ 16%**
AGE 18+	43,027	**↑ 18%**
AGE 0-17	14,373	**↑ 10%**

Health Outcomes

- In 1994, 69% of two-year-olds in Polk County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 115 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 86% of babies were born to mothers who received early prenatal care, while 66% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 36 children ages 1-17 died in Polk County.
  - 69% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and fires.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	1069	74.4	10% Better	77.7	27% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	53	16.1	3% Worse	14.9	10% Better
Suicide Attempts (per 100,000 age 10-17)	9	131.0	45% Worse	164.6	35% Better
School					
High School Dropout	110	5.4%	NA	NA	19% Better
8th Grade Reading Proficiency	273	61%	10% Better	NA	11% Better
8th Grade Math Proficiency	229	51%	3% Better	NA	Same
Safety					
Child Abuse & Neglect Victims (per 1,000)	119	8.3	17% Worse	7.0	30% Better
Crimes Against Persons (per 1,000)*	671	11.7	4% Better	16.1	21% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	100% Better	33.2	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	35	50.2	25% Worse	52.4	9% Better
Infant Mortality (per 1,000 live births)	3	4.3	2% Better	6.5	23% Better
Child Care Supply (spaces per 100 age 0-13)	1988	19.9	24% Better	NA	1% Better

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Sherman County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Sherman County's region of the state 8%
- Children in Sherman County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 96 (23%)
- Children enrolled in CHIP during its first five months, July-November 1998 5

Percentage of estimated eligible children in the county enrolled in CHIP

51%

Access to Care

Primary Care Providers:

- Primary care providers in the county 0
- Number of residents for each primary care provider ..... NA

Dentists:

- Dentists in the county 0
- Number of residents for each dentist ..... NA

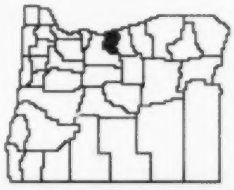
Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 1
- County health clinics 0
- Community, migrant, and homeless health centers 0

Sherman County has two federally-designated Health Professional Shortage Areas in Moro/Grass Valley, and Wasco.

Health Outcomes

- In 1994, 65% of two-year-olds in Sherman County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 70 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 86% of babies were born to mothers who received early prenatal care.
- Between 1990 and 1996, 1 child age 1-17 died in Sherman County.
  - 100% of deaths were from external causes (i.e. unintentional injuries).



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**1,900**	**↓ 1%**
AGE 18+	1,490	**↑ 8%**
AGE 0-17	410	**↓ 23%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	10	24.4	Better	30.5	58% Better
Teen Pregnancy (per 1,000 girls age 10-17)	NA	NA	NA	14.0	NA
Suicide Attempts (per 100,000 age 10-17)	0	0.0	Same	0.0	100% Better
School					
High School Dropout	4	3.2%	NA	NA	53% Better
8th Grade Reading Proficiency	21	64%	Worse	NA	16% Better
8th Grade Math Proficiency	18	56%	Worse	NA	10% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	207	34.1	Worse	17.8	189% Worse
Crimes Against Persons (per 1,000)*	16	8.4	Better	13.4	43% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	0.0	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	1	71.4	Worse	21.1	30% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Same	0.0	100% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Tillamook County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 *in Tillamook County's region of the state* 9%
- Children in Tillamook County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 177 (3%)
- Children enrolled in CHIP during its first five months, July-November 1998 97

Percentage of estimated eligible children in the county enrolled in CHIP

61%

Access to Care

Primary Care Providers:

- Primary care providers in the county 20
- Number of residents for each primary care provider 1,190

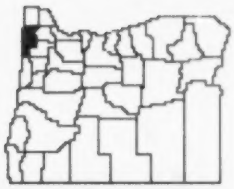
Dentists:

- Dentists in the county 10
- Number of residents for each dentist 2,380

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 2
- County health clinics 1
- Community, migrant, and homeless health centers 1

Tillamook County has two federally designated Health Professional Shortage Area in Pacific City/Cloverdale and Bay City/Tillamook.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**23,800**	**↑ 10%**
AGE 18+	18,373	↑ **11%**
AGE 0-17	5,427	↑ **7%**

Health Outcomes

- In 1994, 69% of two-year-olds in Tillamook County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 12 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 86% of babies were born to mothers who received early prenatal care, while 67% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 14 children ages 1-17 died in Tillamook County.
  - 79% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, cancer, and homicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	466	85.9	Better	84.4	47% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	19	15.2	Better	13.9	15% Better
Suicide Attempts (per 100,000 age 10-17)	2	76.5	Better	259.3	62% Better
School					
High School Dropout	70	5.5%	NA	NA	18% Better
8th Grade Reading Proficiency	134	47%	Worse	NA	15% Worse
8th Grade Math Proficiency	140	49%	Better	NA	4% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	129	23.8	Worse	12.6	102% Worse
Crimes Against Persons (per 1,000)*	282	11.8	Better	12.3	20% Better
Child Deaths (per 100,000 age 1-14)	2	48.1	Worse	18.2	112% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	15	61.5	Worse	65.6	12% Worse
Infant Mortality (per 1,000 live births)	0	0.0	Same	8.8	100% Better
Child Care Supply (spaces per 100 age 0-13)	1309	34.8	Better	NA	77% Better

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Umatilla County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Umatilla County's region of the state 8%
- Children in Umatilla County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 4,874 (27%)
- Children enrolled in CHIP during its first five months, July-November 1998 213

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 54
- Number of residents for each primary care provider 1,213

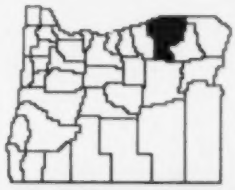
Dentists:

- Dentists in the county 31
- Number of residents for each dentist 2,113

Publicly-funded clinics available in the county:

- School-based health clinics 2
- Rural health clinics 1
- County health clinics 3
- Community, migrant, and homeless health centers 1

Umatilla County has one federally designated Health Professional Shortage Area in Umatilla.



Health Outcomes

- In 1994, 65% of two-year-olds in Umatilla County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 93 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 72% of babies were born to mothers who received early prenatal care, while 56% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 52 children ages 1-17 died in Umatilla County.
  - 71% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and cancer.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**65,500**	↑ **11%**
AGE 18+	47,288	↑ **11%**
AGE 0-17	18,212	↑ **10%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	1509	82.9	5% Worse	58.2	42% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	66	17.2	19% Better	21.0	4% Better
Suicide Attempts (per 100,000 age 10-17)	13	163.8	2% Worse	152.5	19% Better
School					
High School Dropout	254	7.0%	NA	NA	4% Worse
8th Grade Reading Proficiency	428	48%	Same	NA	13% Worse
8th Grade Math Proficiency	410	44%	5% Better	NA	14% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	215	11.8	11% Worse	11.9	Same
Crimes Against Persons (per 1,000)*	909	13.9	6% Better	14.4	6% Better
Child Deaths (per 100,000 age 1-14)	4	28.2	18% Better	30.8	25% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	55	53.3	11% Worse	50.1	3% Better
Infant Mortality (per 1,000 live births)	6	5.8	28% Better	6.8	4% Worse
Child Care Supply (spaces per 100 age 0-13)	2576	19.5	15% Better	NA	1% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Union County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Union County's region of the state 14%
- Children in Union County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,744 (29%)
- Children enrolled in CHIP during its first five months, July-November 1998 66

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 24
- Number of residents for each primary care provider 1,021

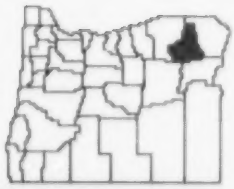
Dentists:

- Dentists in the county 10
- Number of residents for each dentist 2,450

Publicly-funded clinics available in the county:

- School-based health clinics 2
- Rural health clinics 2
- County health clinics 1
- Community, migrant, and homeless health centers 0

Union County has one federally designated Health Professional Shortage Area in Elgin.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	24,500	↑ 4%
AGE 18+	18,498	↑ 8%
AGE 0-17	6,002	↓ 8%

Health Outcomes

- In 1994, 65% of two-year-olds in Union County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 10 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 85% of babies were born to mothers who received early prenatal care, while 54% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 23 children ages 1-17 died in Union County.
  - 70% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were gunshot wound and motor vehicle crash.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	332	55.3	Better	57.2	5% Better
Teen Pregnancy (per 1,000 girls age 10-17)	15	10.6	Better	14.1	41% Better
Suicide Attempts (per 100,000 age 10-17)	4	137.0	Better	162.8	32% Better
School					
High School Dropout	67	4.2%	NA	NA	37% Better
8th Grade Reading Proficiency	177	55%	Better	NA	Same
8th Grade Math Proficiency	194	56%	Better	NA	10% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	120	20.0	Better	16.6	69% Worse
Crimes Against Persons (per 1,000)*	204	8.3	Better	11.2	43% Better
Child Deaths (per 100,000 age 1-14)	1	22.2	Better	48.6	2% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	14	46.8	Better	48.2	15% Better
Infant Mortality (per 1,000 live births)	3	10.0	Worse	2.7	79% Worse
Child Care Supply (spaces per 100 age 0-13)	701	17.0	Worse	NA	14% Worse

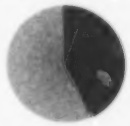
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Wallowa County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Wallowa County's region of the state 14%
- Children in Wallowa County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 403 (23%)
- Children enrolled in CHIP during its first five months, July-November 1998 34

Percentage of estimated eligible children in the county enrolled in CHIP



43%

Access to Care

Primary Care Providers:

- Primary care providers in the county 5
- Number of residents for each primary care provider 1,460

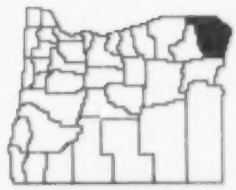
Dentists:

- Dentists in the county 2
- Number of residents for each dentist 3,650

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Wallowa County has no federally designated Health Professional Shortage Areas.



Health Outcomes

- In 1994, 65% of two-year-olds in Wallowa County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 2 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 94% of babies were born to mothers who received early prenatal care, while 67% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 6 children ages 1-17 died in Wallowa County.
  - 100% of deaths were from external causes (i.e. unintentional injuries).
  - The leading cause of death was motor vehicle crash.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**7,300**	↑ 6%
AGE 18+	5,522	↑ 9%
AGE 0-17	1,778	↓ 4%

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	100	56.2	Better	51.5	4% Better
Teen Pregnancy (per 1,000 girls age 10-17)	5	10.5	Worse	10.0	41% Better
Suicide Attempts (per 100,000 age 10-17)	2	211.4	Worse	126.5	5% Worse
School					
High School Dropout	5	1.1%	NA	NA	83% Better
8th Grade Reading Proficiency	59	61%	Better	NA	11% Better
8th Grade Math Proficiency	61	64%	Better	NA	25% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	18	10.1	Worse	10.4	14% Better
Crimes Against Persons (per 1,000)*	45	6.2	Better	9.8	58% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	41.3	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	1	15.9	Better	44.7	71% Better
Infant Mortality (per 1,000 live births)	0	0.0	Better	5.2	100% Better
Child Care Supply (spaces per 100 age 0-13)	217	18.5	Worse	NA	6% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Wasco County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Wasco County's region of the state 8%
- Children in Wasco County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 1,742 (31%)
- Children enrolled in CHIP during its first five months, July-November 1998 76

Percentage of estimated eligible children in the county enrolled in CHIP

Access to Care

Primary Care Providers:

- Primary care providers in the county 21
- Number of residents for each primary care provider 1,076

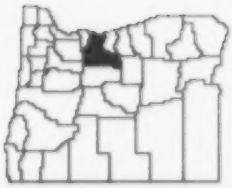
Dentists:

- Dentists in the county 13
- Number of residents for each dentist 1,739

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Wasco County has one federally designated Health Professional Shortage Area in The Dalles.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**22,600**	↑ **4%**
AGE 18+	16,940	↑ 7%
AGE 0-17	5,660	↓ 3%

Health Outcomes

- In 1994, 65% of two-year-olds in Wasco County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 70 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 82% of babies were born to mothers who received early prenatal care, while 67% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 21 children ages 1-17 died in Wasco County.
  - 57% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were cancer and motor vehicle crash.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	517	91.3	Better	84.1	56% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	26	19.7	Worse	16.4	10% Worse
Suicide Attempts (per 100,000 age 10-17)	2	74.3	Better	208.7	63% Better
School					
High School Dropout	105	8.9%	NA	NA	33% Worse
8th Grade Reading Proficiency	139	50%	Better	NA	9% Worse
8th Grade Math Proficiency	135	47%	Better	NA	8% Worse
Safety					
Child Abuse & Neglect Victims (per 1,000)	207	34.1	Worse	17.8	189% Worse
Crimes Against Persons (per 1,000)*	349	15.4	Worse	15.5	5% Worse
Child Deaths (per 100,000 age 1-14)	0	0.0	Better	39.3	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	13	43.9	Worse	41.8	20% Better
Infant Mortality (per 1,000 live births)	2	6.8	Better	8.5	21% Worse
Child Care Supply (spaces per 100 age 0-13)	683	17.3	Better	NA	12% Worse

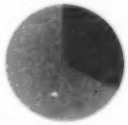
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Washington County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Washington County's region of the state 6%
- Children in Washington County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 15,055 (14%)
- Children enrolled in CHIP during its first five months, July-November 1998 689

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 411
- Number of residents for each primary care provider 937

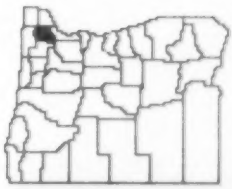
Dentists:

- Dentists in the county 299
- Number of residents for each dentist 1,288

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 1

Washington County has one federally designated Health Professional Shortage Area in western Washington County.



Health Outcomes

- In 1994, 71% of two-year-olds in Washington County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 397 vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 90% of babies were born to mothers who received early prenatal care, while 66% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 178 children ages 1-17 died in Washington County.
  - 54% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash and congenital anomalies.

	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**385,000**	↑ **24%**
AGE 18+	277,710	↑ **22%**
AGE 0-17	107,290	↑ **28%**

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	4549	42.4	25% Worse	37.3	27% Better
Teen Pregnancy (per 1,000 girls age 10-17)	345	15.9	4% Better	14.6	11% Better
Suicide Attempts (per 100,000 age 10-17)	72	162.2	22% Better	163.2	19% Better
School					
High School Dropout	1286	7.0%	NA	NA	4% Worse
8th Grade Reading Proficiency	2780	60%	4% Worse	NA	9% Better
8th Grade Math Proficiency	2688	56%	2% Worse	NA	10% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	627	5.8	9% Worse	4.8	51% Better
Crimes Against Persons (per 1,000)*	3355	8.7	4% Worse	9.5	41% Better
Child Deaths (per 100,000 age 1-14)	12	13.3	55% Better	24.9	41% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	368	56.3	3% Worse	48.4	2% Worse
Infant Mortality (per 1,000 live births)	29	4.4	16% Worse	4.8	21% Better
Child Care Supply (spaces per 100 age 0-13)	16012	20.2	4%Worse	NA	3% Better

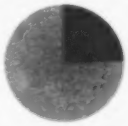
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Wheeler County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Wheeler County's region of the state 8%
- Children in Wheeler County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 84 (24%)
- Children enrolled in CHIP during its first five months, July-November 1998 2

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 0
- Number of residents for each primary care provider ..... NA

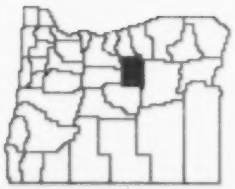
Dentists:

- Dentists in the county 0
- Number of residents for each dentist ..... NA

Publicly-funded clinics available in the county:

- School-based health clinics 0
- Rural health clinics 2
- County health clinics 0
- Community, migrant, and homeless health centers 0

Wheeler County has one federally designated Health Professional Shortage Area in Wheeler.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**1,600**	**↑ 15%**
AGE 18+	1,252	↑ 15%
AGE 0-17	348	↑ 13%

Health Outcomes

- In 1994, 65% of two-year-olds in Wheeler County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, no vaccine-preventable diseases were reported among children ages 0-17.
- In 1997, 93% of babies were born to mothers who received early prenatal care.
- Between 1990 and 1996, 2 children ages 1-17 died in Wheeler County.
  - 100% of deaths were from external causes (i.e. unintentional injuries).

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teen					
Juvenile Arrests (per 1,000 age 0-17)*	0	0.0	Same	6.9	100% Better
Teen Pregnancy (per 1,000 girls age 10-17)	NA	NA	NA	8.8	NA
Suicide Attempts (per 100,000 age 10-17)	0	0.0	Same	103.6	100% Better
School					
High School Dropout	3	2.7%	NA	NA	60% Better
8th Grade Reading Proficiency	13	68%	Better	NA	24% Better
8th Grade Math Proficiency	6	32%	Worse	NA	37% Wors
Safety					
Child Abuse & Neglect Victims (per 1,000)	2	5.7	Better	10.7	52% Better
Crimes Against Persons (per 1,000)*	15	9.4	Better	10.5	36% Better
Child Deaths (per 100,000 age 1-14)	0	0.0	Same	75.8	100% Better
Early Childhood					
Low Birthweight Infants (per 1,000 births)	0	0.0	Same	54.6	100% Better
Infant Mortality (per 1,000 live births)	0	0.0	Same	18.2	100% Better
Child Care Supply (spaces per 100 age 0-13)	NA	NA	NA	NA	NA

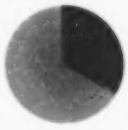
* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.

Yamhill County

Children's Insurance Coverage

- Children estimated to be uninsured in 1998 in Yamhill County's region of the state 6%
- Children in Yamhill County insured through OHP-Medicaid managed care plans at any time during 1997 ..... 4,301 (20%)
- Children enrolled in CHIP during its first five months, July-November 1998 163

Percentage of estimated eligible children in the county enrolled in CHIP



Access to Care

Primary Care Providers:

- Primary care providers in the county 79
- Number of residents for each primary care provider 1,003

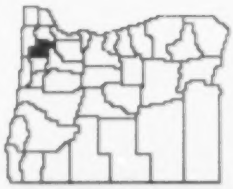
Dentists:

- Dentists in the county 26
- Number of residents for each dentist 3,046

Publicly-funded clinics available in the county:

- School-based health clinics 1
- Rural health clinics 0
- County health clinics 1
- Community, migrant, and homeless health centers 0

Yamhill County has no federally-designated Health Professional Shortage Areas.



	1997 POPULATION	% CHANGE SINCE 1990
TOTAL	**79,200**	**↑ 21%**
AGE 18+	57,649	↑ **23%**
AGE 0-17	21,551	↑ **16%**

Health Outcomes

- In 1994, 69% of two-year-olds in Yamhill County's region of the state were on schedule for basic immunizations.
- Between 1987 and 1997, 161 vaccine preventable diseases were reported among children ages 0-17.
- In 1997, 81% of babies were born to mothers who received early prenatal care, while 64% of babies born to teen mothers received early prenatal care.
- Between 1990 and 1996, 38 children ages 1-17 died in Yamhill County.
  - 61% of deaths were from external causes (i.e. unintentional injuries).
  - The leading causes of death were motor vehicle crash, cancer, and suicide.

County Indicators

	Number 96/97	Rate 96/97	Rate Change Since 95/96	Previous 5-Year Average Rate	96/97 Rate Compared to Oregon
Teens					
Juvenile Arrests (per 1,000 age 0-17)*	1803	83.7	13% Better	76.1	43% Worse
Teen Pregnancy (per 1,000 girls age 10-17)	82	16.8	14% Better	16.1	6% Better
Suicide Attempts (per 100,000 age 10-17)	30	298.2	54% Worse	233.4	48% Worse
School					
High School Dropout	315	6.8%	NA	NA	1% Worse
8th Grade Reading Proficiency	597	57%	9% Better	NA	4% Better
8th Grade Math Proficiency	564	53%	10% Better	NA	4% Better
Safety					
Child Abuse & Neglect Victims (per 1,000)	258	12.0	12% Better	12.5	2% Worse
Crimes Against Persons (per 1,000)*	889	11.2	7% Better	15.8	24% Better
Child Deaths (per 100,000 age 1-14)	4	24.3	34% Worse	21.3	7% Worse
Early Childhood					
Low Birthweight Infants (per 1,000 births)	65	59.9	22% Worse	50.3	9% Worse
Infant Mortality (per 1,000 live births)	10	9.2	142% Worse	5.5	64% Worse
Child Care Supply (spaces per 100 age 0-13)	2167	14.3	10% Better	NA	27% Worse

* 1997 Juvenile Arrests and Crimes Against Persons do not include Oregon State Police data. See data sources for details.
"NA" refers to data not available. See data sources for details.